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ABSTRACT

This report represents an extensive revision of a 1960 study which evaluated the impact of public programs, particularly social security, on the relationships between adult children and their aging parents. The materials focus on filial responsibility, the responsibility for parents exercised by children, and are organized in three sections: an historical background; a state-of-the-art assessment of the nature and practice of current filial relations in the United States; and an evaluation of social security programs and issues. The social security issues are discussed in terms of the effects of: (1) retired-worker benefits; (2) programs designed for dependent parents; (3) supplemental security income payments; (4) institutional care for the aged and at-home community care services; and (5) underlying policy choices. A discussion of the undermining of the social contract and the need to provide comprehensive government policies concludes the report. (Author/NRB)

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"...thy father & thy mother..."

a second look at filial responsibility & family policy

by Alvin Schorr

A reevaluation of current practice of filial responsibility in the United States two decades later and its relationship to the changing social security programs.

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FOREWORD

In 1960 Commissioner of Social Security William L. Mitchell wrote that he had "sought for ways to adapt our program more directly to strengthening American families . . . to evaluate the impact of our programs on families." **Filial Responsibility in the Modern American Family**, of which this is an extensive revision, was written in response to that wish.

In the 21 years since Alvin Schorr's first study of filial relationships was written, much that concerns the aged has changed. Half again as many persons are aged 65 and over. Moreover, Government programming for the aged has changed more than they themselves. Vast new programs such as Medicare and Medicaid have been established; those persons for whom the older social security programs were designed have almost universally achieved protection.

Today we see attention focusing on concepts for national health insurance, the effectiveness of rehabilitation programs for the disabled, family assistance allowances, and supplemental security income. All have a part in the social security program and each affects or is affected by current family status. A generation born as the Social Security Act was becoming law is now grown to the point where its parents are today's elderly and its children are still claiming financial and emotional support from them.

The focus of this report is filial responsibility—the responsibility for parents exercised by children. The term is used broadly here, to cover duties required by law, by custom, or by personal attitude. At some points, legal responsibility is dealt with specifically. Because material is so much more readily available about them, the aged are discussed more than younger parents of adult children.

Because so much has changed for the aged and their children in two decades and because the impact of social security programs upon families requires continuing and current analysis, the present work was undertaken. The Social Security Administration was fortunate in being able to contract with Alvin Schorr to revise and extend his 1960 study. He is the Leonard W. Mayo Professor of Family and Child Welfare at Case Western Reserve University in Cleveland, Ohio. The views expressed are the author's and do not necessarily represent the position of the Office of Research and Statistics, the Office of Policy, the Social Security Administration, or the Department of Health and Human Services.

The author wishes to acknowledge the help of the late Karl deSchweinitz with the historical section. Within the Department of Health and Human Services, acknowledgements are extended to staffs of the Secretary's Office, the Administration on Aging, the National Center for Health Statistics, the National Institute of Mental Health, and the Office of Research and Statistics. Research assistance was provided by Phyllis Moen. The following offered suggestions, elaboration of published ideas, or leads to data: Gerald M. Eggert, Paul Glick, John Hansan, Jack Osofsky, Ethel Shanas, Gordon Streib, and Marvin Sussman. A number of experts were kind enough to read and comment on the manuscript, notably, Robert M. Ball, Francis Caro, David Guttmann, Robert Morris, and Jacob Reingold.

It seems to the author particularly appropriate to acknowledge his mother's contribution to this work. In a commercial publication he would have dedicated it to her memory. She was an immigrant, quickly widowed. Surviving in a difficult world, she exhibited a toughness and caring for her children, according to her own lights, that led to the realization of her own and her husband's dreams about them. She would find much in this work to amuse her and, surely, something to dispute.

In the present climate of intense concern about scarce public resources, the question has become: What is the public paying for that should really be paid for privately? The idea that children should pay for certain expenses of their aged parents has recurred. As these and related issues are again discussed, we believe Mr. Schorr's report offers a valuable factual base permitting public debate to bear on current living patterns.

John J. Carroll
Director
Office of Research and Statistics

May 1980

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INTRODUCTION

In 1960 the original study, **Filial Responsibility in the Modern American Family**,[1] set out to evaluate the effect of public programs, particularly social security, upon the relations of adult children and their aging or at least middle-aging parents. It became evident in the course of that study that first we need to know what such relationships generally are, and so an assessment preceded the program analysis.

A syndicated columnist attacked that report as "radical and visionary" and an "utter perversion of morality"—charges the Government did not then, if ever, take lightly. On the other hand, the report drew wide approval at the 1961 White House Conference on Aging and influenced Congress when, in enacting the Medicaid legislation, it forbade States to make adult children responsible for their parents' expenses.[2]

In the 19 years since that study of filial relationships was written, much that concerns the aged has changed. Half again as many persons are aged 65 and over. Then there were more than 8 aged men for 10 aged women; the ratio is now less than 7 to 10. The median income of the aged was about 40 percent of the income of younger adults; it is now well over 50 percent. And so on. Moreover, government programming for the aged has changed more than the aged themselves. New issues have arisen—for example, the impact of available government funding on institutionalization of the aged.

Apart from changes in the circumstances of the aged, provision for them is involved in a general reappraisal of family and public patterns in the past 30 years. In particular, public resources are regarded as stringently scarce; one asks what the public is paying for that should be paid for privately. Thus, the idea that adult children should pay for certain expenses of their aged parents has once again cropped up in New York and Massachusetts, and perhaps elsewhere. If the idea should take hold, discussion would probably pit "conservatives" against "liberals" in ancient ideological positions, poorly related on either side to current realities. The hope is to set forth a factual base about current living patterns for public debate, whether heated or not.

Finally, these are the years of the family. Broad public interest is most novel perhaps in the belief that social and policy sciences can make new sense out of the relationship between the family, on the one hand, and government and other important social forces, on the other. More has been demanded or promised than has been delivered. Much family impact analysis so far has been one-dimensional. Clinicians generalize from their own practices, and researchers arrive at bold conclusions from single studies, large or small. Much testimony on family impact is sophisticated about sociology or economics and unschooled in government policy, or vice versa—nor are pains taken to supply the deficit. Yet all these strands ought to be gathered together on each particular policy issue. The public has a right to expect that the attempt will be made and that, however much further research proves to be needed, state-of-the-art conclusions will meanwhile be offered.

This report focuses on filial responsibility—the responsibility for parents exercised by children. The term emphasizes duty rather than satisfaction and is usually connected with protection, care, or financial support. In law and in custom, filial responsibility is interwoven with parental, marital, and other kinship responsibilities. We attempt to separate it from "family responsibility" in an effort to see it more

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[1]Alvin L. Schorr, **Filial Responsibility in the Modern American Family**, Social Security Administration, Division of Program Research, 1961.

[2]Alvin L. Schorr, **Explorations in Social Policy**, Basic Books, New York, 1968.

clearly. Filial responsibility is used broadly here to cover duties required by law, by custom, or by personal attitude.

The report is organized in sections: (1) a historical note; (2) a "state-of-the-art" assessment of the nature and practice of filial relations in the United States today; and (3) an evaluation of particular social security programs and issues. The brief argument about history is intended only to clarify specific points that are often clouded with nostalgia.

Filial responsibility—viewed as the responsibility of children to care for their aged parents before or instead of the government or charitable institutions—is a relatively modern idea. Such an idea was not held in principle in medieval England or in colonial America and came into prominence only as economic changes loosened the grip of aged parents on property and income. The relationship and feelings between parents and adult children reflected the parents' command over property and income. Sentiment was not absent, but sentiment and practical advantage were difficult to distinguish—then as now. For the elderly there was no "golden age" hundreds of years ago. Some things were much harder, for reasons that are obvious, and others certainly easier. It was a different world, and we have no road back.

Analysis of the responsibility currently exercised by adult children for their parents follows. Current practice itself divides in three—financial support in separate living, living together, and the variety of practices that reflect concern or affection. Though obviously these practices are interrelated, behavior about them is quite different.

Today for one-seventh to one-third of the aged, depending on how the line is drawn, income is severely inadequate. Yet cash assistance from children to aging parents living separately is a very minor pattern in the United States. Three decades ago, perhaps 5-10 percent of the aged received such contributions from children. Now the proportion is even smaller. Still, cash support is important to those who receive it—generally those categories of the aged, such as nonmarried women,[3] that are understood to be poorest or most disadvantaged. That parents in fact give more to their children in cash than they receive from them is revealing. In many cases, adult children do not give cash to their parents because both the parents and the adult children are more interested in providing for the third generation—the young children now on the scene. That is the American ethos, long understood.

As for the "living together" of aged parents and adult children, that too is a declining pattern. A third of the aged lived with children in 1952; a sixth live with children now. Cash gifts, infrequent as they are, tend to be given by those who have the highest income—which may seem to be an obvious point. By contrast, living together is most prevalent among the poorest families. In general, Americans resist living together; it is a "lifeboat" response by family members when need is desperate and they cannot help in any other way. (Later discussions criticize the view that, in the nature of their culture, poor people or blacks or other ethnic groups like living together.) Living together is often a reciprocal benefit—not just for the aged person. The aged person may own the home and contribute child care and other services. The adult child may have cash income or provide care and protection. As poverty is being shared, the point is to exploit all resources to the fullest.

Living together does not make an unanticipated debut in the family drama. It is foreshadowed by the family's circumstances and represents a coming together of particular life stages of the aged person and adult child. In a later discussion, addressed more to social scientists than to policy issues, the life cycle of living together is outlined.

Despite all that has been written, living together is not categorically destructive to family life. The most serious difficulty is ideological: independent living is an article of the American creed, and living together thus becomes a failure and an imposition. Often social science has seemed to support that ideology in a somewhat unsophisticated manner. That too is a policy issue, though of a different order from government programming. The issue takes on importance because living together may conceivably now become more common. For those who live together, it would be useful if social science would address the question of particular living arrangements that work best or most poorly.

[3] In the material that follows, figures and percentages about nonmarried men and women refer to their current living arrangement—that is, the divorced and widowed are included in the nonmarried.

Knowledge about cash support and living together, generalized and viewed superficially, may seem to support public alarm that the aged are increasingly isolated from their children. When one turns to the evidence about care and affection, findings are generally in the opposite direction. Surveys find loneliness among the aged, to be sure, but not much more widespread than among younger adults. Two-thirds or more of all aged parents see their children at least weekly, with frequent telephone contact besides. The aged have a special tie to grandchildren. As in colonial times, sentiment mixes with practical advantage and a complex understanding is arrived at in which expectation of inheritance, practical services, concern, and love are balanced and harmonized. It is important to policy analysis to emphasize that bargaining power is vital to the aging person, and so one quotes the poet Robert Frost—

> Better to go down dignified
> With boughten friendship at your side
> Than none at all. Provide, provide![4]

This is not to say that some of the aged are not in need of protection, care, and social contact. Indeed, much should be done. But it can be dealt with more realistically if we do not cry havoc.

Having established an orientation in the behavior of adult children and their aged parents toward one another, the report moves to a set of particular social security programs and issues: (1) the family effects of retired-worker benefits; (2) an appraisal of a small program dealing with dependent parents; (3) an appraisal of the family effects of supplemental security income payments; (4) a discussion of the issue of institutional care for the aged and community services provided to them at home; and (5) some observations about underlying policy choices.

Retirement income supports a sense of independence and self-regard among the aged. Specifically, it has demonstrably led them to live separate from their children, though nearby—supporting them as they move from one place to another to be near a child. It has stimulated investment in the families of children, by freeing middle-aged adults of both the need to contribute to their parents and the need to save for their own retirement. In that sense, paradoxically, retirement insurance may be viewed as a children's allowance. These particulars do not in themselves convey the sweeping change for families that followed the advent of the social security program. To grasp the scope of that change one must imagine the United States today if as many as one-third of the aged lived with children, if one-third of the aged were financially dependent on charity, and if the middle-aged population expected to depend entirely on savings in their retirement years.

A particular feature of the retirement program provides for the dependent parent of a deceased insured worker. Dependence is defined as having received one-half of one's support from the son or daughter. This segment of the program was never large and the number of beneficiaries has been declining. If cash support is a scarcely discernible pattern, as noted earlier, it should not be a surprise that the test of dependency cannot be met by aged parents. The program might cover more of the aged if the test were more in accord with the manner in which adult children actually help their dependent, aged parents. Such alternative tests of dependency are named.

The supplemental security income (SSI) program supports 2.3 million aged persons, who require help despite the growth of social insurance. It enhances parental relationships with children in ways similar to retirement insurance but has special provisions regarding allowable income and assets. The record of relatives' responsibility in the old-age assistance (OAA) program (predecessor of SSI) is reviewed here to show that it did not save government money except by discouraging applications from aged parents unwilling to have their children confronted by this requirement. Only the comparatively poor appear to have been affected, not middle-class adult children who are the presumed object of these special provisions.

The SSI program does not require filial contributions, but when the recipient lives with another person payments are reduced by one-third. Although it surely was not intended, this provision, to some degree, has the same effect as OAA—that is, it creates deprivation among recipients and their children's families. For the latter, deprivation entails not having the means for self-advancement.

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[4]Quoted in David Hackett Fischer, **Growing Old in America**, Oxford University Press, New York, 1977.

It cannot be said that the one-third reduction generally deters living together, though that must happen. A more general effect is irritation and strain in family relations. Payments under the SSI program are also reduced when cash and in-kind contributions are received by an aged person who lives independently. This rule may keep some children from contributing, but cash contributions are not common anyway. More significant is the fact that the rule probably leads to giving in kind rather than in cash, to irregular giving, and to failure to report contributions. It might be best to drop the rule, as dealing with this issue complicates administration and saves little government money.

Finally, the SSI program requires the disposal of assets above a specified value to qualify for payments. The aged find this troublesome. In some measure, they accumulate assets in order to leave them to children, and assets are a bargaining element in the relationship with children. Assets are power. Yet in order to qualify for SSI payments (and in turn for Medicaid) assets are disposed of in various legally acceptable ways. The evidence shows that few individuals with substantial assets have incomes sufficiently low to qualify for SSI payments. Apparently the assets test eliminates mainly those with comparatively small asset accumulations and with incomes close to the SSI level who are not sufficiently sophisticated to arrange to qualify. One wonders whether the assets test saves enough money to justify shifting the balance in family relationships and the inequitable treatment of people in similar circumstances, not to mention the administrative difficulties the test occasions.

Trends in institutional care for the aged show that the aging of the aged population—that is, the fact that the aged as a group are older with each passing decade—has led to a comparatively small proportional increase in the nursing-home population. Despite financial incentives to agencies and institutions to admit the aged, no other evidence of an increasing tendency for the aged to be institutionalized is noted. The aged struggle against leaving home, and their families invest heavily in making it possible for them to stay.

Still, the aged need help at home from community services, and their availability is far from adequate. Part of the problem lies in the supply and allocation of community services. They are insufficient and those that are available may be disproportionately devoted to advocacy and recreation rather than to practical support. Beyond this lack are problems of professional objectives and practice, and conflict between professions and between interest groups in the areas of aging, mental health, and social services. Resolution of these conflicts is fundamentally a political not a technical matter. Unless Congress or the executive branch of Government can impose an answer to the questions discussed here, sound and efficient community services are not likely to be made available. The issue is more important than may be apparent. The capacity of families to care for their aged members may conceivably be undermined as women's labor-force participation increases and the average aged person becomes older and more frail. If that happens and a broad infrastructure of community services has not been prepared, the movement into institutions that has until now only loosely been talked about might occur. Feasible solutions to these problems are briefly outlined.

Finally, a set of underlying issues is discussed. The social contract—the understanding that citizens ask only for what they are entitled to and tell the truth about their circumstances and, reciprocally, that government takes pains to deliver entitlements—shows signs of being infringed upon from both sides. The complicated nature of overlapping programs and, in the face of limited resources, broad movement towards income-tested programs, together interfere with citizen understanding of government and contribute to undermining the social contract. Unfortunately, the problem grows. As the programs are faced with evasion or unanticipated use, special provisions and accounting devices are piled on top of existing complexities—adding to the confusion of the administrative staff and citizens. Government policies need to be comprehensible. To the extent possible, rights ought to be available (or not) on the simplest grounds—age, employment status, and so forth. It is possible, even in a very complex society, to design such programs and, in a very complex society, it is most vital. That argument concludes this report. Such programming affects the aged, their family relationships, and the course of our Nation.

The outline of this report is just that—a framework and unclothed. Evidence is provided as the material unfolds. The bald assertions in these paragraphs are provided with qualifications and details. Those who read for policy purposes are urged to avoid the temptation to go straight to the policy sections. To do so would be to miss the point.

CHAPTER I

HISTORICAL BACKGROUND

It is a popular belief about filial responsibility that its origins are lost in antiquity, resting on even earlier if no more majestic sanction than the Fifth Commandment.[5] This aura can make it difficult to get utilitarian answers to questions about present practices and their effects on families. Though there are old and honorable antecedents for the precept to render "offices of tenderness" to one's parents and household gods, the content changes with social change. Only since medieval times has the idea developed that the community is not responsible until children have made their maximum effort. It is a modern situation that gives rise to the idea that a son ought to support his parent without economic force or benefit, out of more or less charitable impulse, and from a distance if necessary. Only in the last century has this idea been widely practiced.

Medieval church law held that children were responsible for their parents; the Church and the wealthy also were responsible for the indigent. The emphasis on children's responsibility was not a burden on the parent, however. When an indigent parent sought help from others, he was viewed as having a moral right to such help and could not be turned away. It may be that almsgiving was less discriminating in the 13th and 14th centuries; certainly there was less of a punitive element than in post-Elizabethan times. The child's responsibility was not an element in deciding whether to help a needy old person. By the 16th century, church concepts of relieving poverty were subjected to a variety of strains: The need to protect accumulated property, to suppress vagrancy, and to provide a new source of almsgiving. A number of adjustments that had been developing were included in the Elizabethan Poor Law.[6] That law established for the first time that the community would assist an indigent parent only after the means of his child had been used. This primary responsibility of the child had not existed in English common law, nor does it exist in American common law (179, 113, 238).

The American colonies adopted all of the poor law, but from the beginning Americans held two ideas that were antithetical to filial responsibility. First, children assumed an importance they had not had in Europe. "In a new world," wrote Calhoun, "men face the future and worship, not ancestors, but posterity."[7] Second, in an egalitarian atmosphere, every person is important in himself. Once an individual reaches maturity, not even family ties interfere with his full exercise of independent choice (170). These concepts did not immediately collide with the poor law principle that a needy parent has a prior claim on his children. Pre-Civil War journals deal at length with many of the problems that upset us today—insolent children, declining sexual standards, and changes and uncertainty in the roles of husband and wife—but not with the problems caused by neglectful grown children. On the contrary, marked and mounting emphasis is placed on the struggle of youths to emancipate themselves—in an atmosphere of considerable social approval (33, 276).

A major collision between the egalitarian, child-centered ethics of this country and the Elizabethan Poor Law concepts of filial responsibility was postponed until nearly the 20th century. The reasons for the

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[5]According to the count of most Protestant denominations, the Christian Orthodox Churches, and the Jewish religion. "Honor thy father and thy mother" is counted fourth by Catholics and Lutherans.

[6]Brian Tierney, **Medieval Poor Law**, University of California Press, Berkeley, 1959.

[7]Arthur W. Calhoun, **A Social History of the American Family**, A. H. Clark, Cleveland, 1917, 3 volumes, vol. 1, pages 51-54; vols. 1, 2, and 3, passim; vol. 1 and 2, pages 67-68.

postponement are well-understood, but their full meaning is often overlooked: It is not simply that the family in an agricultural, frontier country was an economic unit but that the parents owned the farm and equipment. In the earlier stages of industrialization the family—rather the father—owned the machinery that was used at home; later the father committed the family to work in a particular factory (33, 140). Though the mother was not the proprietor, so to speak, of the family economic unit, her situation as she aged was not very different from that of the father. When her husband died, management, but not technical possession, might pass to a son, and she continued with homemaking and other productive activities. The young adult thus was bound in an economic unit by more than filial feeling or social pressure. When he left home, he left behind the means of earning a living and had to develop new means of livelihood. It was both more difficult for him to leave than it is today and less of a financial blow to his parents.

Our preindustrial economy tended to assure income to parents in ways other than parental ownership, without requiring moral choice. Income was family income, chiefly subsistence items that the family shared. Individually earned cash income, when it came, was to dramatize a new ethical choice. The availability of free land meant the parents' property did not have to be divided among the children and that tended to support parents' control over their property. Perhaps most simply, not many persons were retired: as late as 1900, average life expectancy was 47 years and average worklife expectancy 32 years (293). As many aged parents live with children today as were alive at the turn of the century. Thus some parents before the Civil War relied on the voluntary help of their children. But they were few—by percentage or by number—compared with parents today.

As some of these considerations changed, other financial relationships developed but their quality was still businesslike. Where land was no longer freely available, as in New England, one saw "the significant innovation of purchasing inheritances."[8] A mature man could buy property from his father—purchasing autonomy and providing for his parents' security in a single transaction. (Ultimately, one supposes, he would inherit whatever money remained at the time of their deaths.) Or, a father could formally turn over his property, specifying in legally binding documents what duties were owed to him and his wife while they lived (44). In reviewing business records, diaries, and such other evidence as survives, one may reasonably conclude that a utilitarian view was taken of family relationships (88). Property and income and care were bartered in a manner that everyone understood. The lot of aged parents without goods to trade or legal control was grim indeed (220).

Ethical choices were not commanding. Moreover, it is not clear that family warmth or closeness greatly influenced the exchanges. "The details of these intrafamilial relationships remain obscure," John Demos writes, "and there are no grounds for assuming any special elements of closeness or harmony."[9] The special tie of grandparents and grandchildren seen today was not widespread if for no other reason than that their lifespans did not long or generally overlap (88). One historian has claimed that grandparents were a "New England . . . invention, at least in terms of scale"—a point that has been disputed (148, 44). Respect may have been accorded to the aged as a public and formal matter; it is said that we were a "gerontophilic" society until about 1780 (68).

However, warmth and intimacy within the family may be a comparatively recent wish and phenomenon. It is now argued that they developed with 18th century individualism and rationalism. They became an objective for large numbers of people only as people were freed from an unremitting struggle for survival by the industrial revolution (236, 221).

American legislative history reflects the development outlined—the perspective on filial responsibility borrowed from England that awaited industrialization to be actively tested. Early support laws were copied whole. Their phrasing is vague, and they lack adequate provision for enforcement (97). Courts have consistently held that "the primary and essential objective of the legislation now

[8]Philip J. Greven, Jr., **Four Generations**, Cornell University Press, Ithaca, 1970, pages 133-134.

[9]John Demos, "Old Age in Early New England," in John Demos and Lanane Spence Boocock, "Turning Points," **American Journal of Sociology**, vol. 84, 1978, page 237.

in force still is, like that of Chapter 2 of 43 **Elizabeth**, the protection of the public purse."[10] In public assistance legislation, Southern and Western States tended much less than the States with a Puritan tradition to enact filial responsibility laws. Of all Federal or Federal-State programs, only public assistance (with its poor law history) placed first responsibility on adult children, even though others might also include a means test.

With industrialization, the issue began to be joined. In 1868, veterans' legislation first included dependent fathers, though it had provided for dependent wives and children for some time. The general liberalization of veterans' benefits after this time is attributed to the beginning of the breakup of farm family homes (174). Similarly, when Ohio became a State, it omitted provision for relatives' responsibility from its 1805 law. Eventually it was included but not until 1898 (1).

In short, support of the aged did not become an issue until the aged population increased and fewer of the elderly controlled their own situations. When the economy began to separate wages from ownership and the aged person was no longer in control, adult children had a reason to examine their willingness to help their parents. Discussion of this situation often implies that young people in the 18th and 19th centuries felt a duty to support their aged parents voluntarily, out of a sense of gratitude or obligation alone. That does not seem to have been the case.

Only in the 20th century did the idea achieve wide currency that an adult should sacrifice his own, his wife's, and his children's resources to assist his parents before the community would assume responsibility. The idea lost ground programmatically in the 1960s but survives as folk history about a golden age that never was.

[10]See 1941 New York State opinion cited in Stefan Riesenfeld and Richard C. Maxwell, **Modern Social Legislation**, Foundation Press, Brooklyn, 1950, pages 692-700.

CHAPTER II

CURRENT PRACTICE OF FILIAL RESPONSIBILITY

Independent Living and Financial Assistance

Although the aged (or those aged 65 and older) do not include all the parents of adult children, they are the group whose income has been most carefully studied. On the whole, one may assume that the financial assistance they receive from their children is at peak level, for their need is greatest and their children's income has approached its highest level. In 1976, more than one-fifth of those aged 65 and over had income under $2,500.[11] To evaluate the income of the aged, the ways they differ from the younger population must be taken into account: Noncash income, more home ownership, and more illness. A widely cited rule of thumb is that "retirement money income of from 65 percent to 80 percent of previous wage income will [allow] the elderly who are in good health" to live roughly at the same standard as before retirement.[12]

In 1976, 3.3 million of the aged (1 out of 7) were poor, by the Government's definition.[13] Perhaps another 1.5 million belonged to the "hidden poor"—that is, those not counted poor only because of the income of those with whom they shared a dwelling (156). It is arguable that the Government's definition requires updating. A proposed alternative definition, based on the Department of Agriculture's thrifty food plan, "would just about double the number of aged poor" (178). So, depending on definition, from 3.3 million to 7 or 8 million of the aged are poor.

Looked at another way, retirement produces a 40-45 percent decline in total income in constant dollars—that is, in income adjusted for inflationary changes (71). In any philosophy, these figures show many persons in need of additional income and with a large decline in income. Roughly 4 out of 5 of the aged have living children (89, 206, 146) to whom in principle they might look for help.

Attitudes towards support.—Over the years, attitudes about financial support have been surveyed. The findings seem at least superficially confusing, and trends are not clear. Twenty years ago, for example, in answer to a question about what "good" sons or daughters will do for their parents, more than 75 percent of both parents and children thought that the child should provide financial assistance (214). At about the same time, another study provided a brief story about a widower whose children, in modest circumstances, had families of their own. Only 30 percent of the respondents aged 65 and older thought the widower should ask his children for help.[14] The results of some surveys suggest that the elderly feel they have a right to support but will not voluntarily exercise that right. They make contradictory statements: They say children should support them but they do not ask for help despite their need (214, 17, 227). Their answers reflect a conflict "between the traditional expectation that parents will subordinate their own needs and the new preoccupation with self-fulfillment."[15] (Still, we have seen that this American conflict goes back 200 years.)

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[11]U.S. Department of Commerce, Bureau of the Census, "Money, Income, and Poverty Status of Families and Persons in the United States: 1976," **Current Population Reports** (Series P-60, no. 107), September 1977, table 10.

[12]Robert M. Ball, **Social Security: Today and Tomorrow**, Columbia University Press, New York, 1978, page 461.

[13]U.S. Department of Commerce, "Money, Income, and Poverty Status" **op. cit.**, table C.

[14]Ethel Shanas, "Some Sociological Research Findings About Older People Pertinent to Social Work," in **Toward Better Understanding of the Aged**, Council on Social Work Education, New York, 1958, page 52.

[15]Nadine Brozan, "American Family: At the Crossroads," **New York Times**, April 21, 1977, page C1.

If there is a demonstrable trend in attitude, it is probably increasing acceptance that government will assume responsibility for the aged (191, 89). Of a group that received SSI payments in 1974, for example, only 14 percent reported that they were "ever bothered" about receiving aid.[16] Of those who in 1973 received OAA payments—the presumably stigmatizing program that preceded SSI—only 28 percent reported that they were "bothered" (240). (Of course, those who would have been bothered by the idea of receiving payments may not have applied—a point to be discussed later.)

Parents and adult children commonly give similar responses to survey questions, even when their interests diverge. When they were asked about a variety of possible sources of income for the retired elderly, for example, the views of the two groups were similar. Most of them said that social security should provide income, and many felt that private pension plans should support the elderly. About one-third of each group said that the aged should provide for themselves, and one-tenth suggested that adult children should give support.[17]

Surveys generally yield respectable percentages of responses favoring filial responsibility as long as the question is put quite simply and in ethical terms. But responses may be manipulated almost at will by framing questions that introduce (1) the concept of the adult child's responsibility to a spouse and children, or for self-advancement; (2) choices between the adult child and other sources of assistance, and between money and other things children can give; and (3) a sense of speaking for oneself rather than in general. When one or more of these considerations is included, generally a majority of the aged oppose and a minority (5-15 percent) affirm the responsibility of children to support parents.

Actual practice.—In many areas Americans do not feel constrained to practice what they profess, and it becomes important to look at what is actual practice. The proportion of the aged who receive cash contributions from a child in a given year is now around 2-3 percent (14, 89). (Some studies give even lower estimates (81).) This proportion represents a decline from the 1961 estimate of 5-10 percent (196). At that time, fewer of the aged had living children and a smaller proportion lived alone. Both changes might have been expected to lead to more rather than fewer cash contributions. (The proportion of income that families spend on all gifts and contributions declined slightly in the same period—from somewhat more than 5 percent of average spending to less than 5 percent (291, 189).) Some estimates of family contributions are as high as 25 percent (17, 309, 18) but include help from other relatives or friends, free rent or other contribution in kind, or occasional gifts. Cash contributions to parents aged 60-62 are even less common than to those aged 65 and older (103).

In short, cash contributions by adult children are not significant as a general pattern. Even so, the giving of cash takes on more importance within carefully defined groups. Among those aged 58-63, for example, with parents living independently, about 10 percent of men and 6 percent of women make regular cash contributions. By definition, these contributors have attained maximum financial ease and almost all their own children are adult. Their parents are of advanced age and are perhaps particularly needy. More striking, 1 in 5 nonmarried[18] women aged 65 reports regular or occasional cash contributions from children[19] (200). One percent of the aged report that children and other relatives supply the largest part of their income (89).

Nonmarried women generally receive such contributions more often than nonmarried men or couples. Undoubtedly this difference reflects their circumstances. Married couples have higher incomes and their health is likely to be better. Nonmarried women, on the other hand, have the lowest earnings and retirement benefits and the poorest health. Their average age is higher and their chances of marriage or remarriage are less favorable than the men's. Evidently sons contribute more than daughters—sons are likely to have more—but it has been observed that personal relationships are easier

[16]Thomas Tissue, "Response to Recipiency under Public Assistance and SSI," **Social Security Bulletin**, November 1978.

[17]See Louis Harris and Associates, **The Myth and Reality of Aging in America**, National Council on Aging, Washington, D.C., 1975.

[18]See footnote 3.

[19]Kathleen Bond, "Retirement History Study's First Four Years: Work, Health, and Living Arrangements," **Social Security Bulletin**, December 1976, table 17.

when mothers get help from married daughters than from married sons (42, 244, 182). Although perhaps obvious, it should be noted that a parent with more children is more likely to receive cash contributions (247).

Income and giving.—The proportion of children who contribute support to parents increases as the income of the giver increases. Conversely, it is the parents in the lowest income group who most often receive contributions (292, 270, 14, 200). That those who have most should give more often to those who have least may seem self-evident. But families with higher incomes do not pay discernibly more often or with larger sums of money for the care of institutionalized family members than those with less income.[20] Evidently, contributions for family members in institutions are not like payments made directly to parents. Nor is the concept "more from those who have most" consistent with the observation in a number of sociological studies (98, 42, 215, 104) that working-class mores require help to parents and other relatives in a way that middle-class mores do not. Cash contribution is not the complete story, however, as financial help may be given in other forms—notably, sharing a home.

Reciprocal flow.—In recent years, investigations of filial contributions have looked at the possibility of a flow of money both ways—from child to parent and from parent to child. The balance proves to be "greater in the direction of helping children" (232, 18, 180, 96). Even among poor, aged, black women—a redundant series of adjectives—almost as many report contributing to children as receiving contributions from them (104). A scale developed to measure parental performance rates highest the parent who "has no need to give [adult children] everything. If he supports them financially, does so unobtrusively and in a matter-of-fact way . . ." (91). One has only to reflect on the prevalence of parental support for attending college, establishing a home, and rearing children to understand the extent to which a parent's financial assistance operates beyond a child's minority. Nor are parents as they age quite finished with caring for children. Of married couples who have had children and are approaching retirement, 1 in 5 still supports a child (103).

Living together.—It can reasonably be estimated that 1 in 6 aged persons shared a dwelling unit with an adult child in 1976.[21] A downward trend in this type of arrangement has long been apparent (154, 77). The proportion of the aged living with adult children was 33 percent in 1952 (218), 28 percent in 1957 (208), and 20 percent in 1968.[22] In unscrambling their households, the aged behave like other population groups. Since 1940, for example, single parents have shown a "clear upward swing in the probability" that they would establish independent homes.[23]

Apart from those who shared a dwelling with an adult child in 1976, almost one-third of the aged lived alone (256). The remaining half lived as married couples occasionally including relatives other than adult children. Three-generation households are comparatively uncommon. "It is usually postparental couples and their very old parents who move together."[24] In 1968, 4 percent of all aged married couples and 11 percent of the aged nonmarried had a grandchild in the home (14). In particular, aged recipients of public assistance might be expected to be caring for a grandchild because their adult children tend to have low income. Yet in 1973, only 12 percent of this group had a grandchild in the home (240). These percentages have presumably come down in the past few years, along with the proportion who are living together.

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[20]U.S. Department of Commerce, Bureau of the Census, "1976 Survey of Income and Education;" computer printouts furnished by the Office of the Assistant Secretary for Planning and Evaluation, Department of Health, Education, and Welfare, 1979.

[21]In past years this estimate has been provided by special surveys. See (254—tables E, 7, 8, and 9), (284—table 12), (155), (103—tables 65, 66, and 67), and (240—table 5).

[22]Lenore E. Bixby, Wayne W. Finegar, et al., **Demographic and Economic Characteristics of the Aged** (Research Report No. 45), Social Security Administration, Office of Research and Statistics, 1975, table 7.1.

[23]U.S. Congress, Joint Economic Committee, Subcommittee on Fiscal Policy, **The Family, Poverty, and Welfare Programs: Factors Influencing Family Instability** (Paper No. 12, Part I), 1973, page 61.

[24]Lillian Troll, "The Family of Later Life: A Decade of Review," **Journal of Marriage and the Family**, May 1971, page 190.

Who lives together?—The currently nonmarried aged—especially women—are more likely to live with their own children.[25] Among the 20 percent of the aged who lived with children in 1968 were 15 percent of the couples, 21 percent of the nonmarried men, and 28 percent of the nonmarried women (14). Advancing age, poor health, and low income increase the likelihood of living with children. (The hidden poor referred to earlier represent roughly one-third of the aged with shared living arrangements.) Obviously these factors are interrelated. Nevertheless, one should not conclude that only poor, sick, old widows live with children. Though the numbers of men, of couples, and of the well-to-do who live with children are smaller, they are noticeable.

Women prove to be pivotal in live-together arrangements. An aged parent is more likely to live with a daughter and her husband and children, if any, than with a son and his family (3). Young couples just starting out are more likely to live with the wife's family than with the husband's (77, 122). Aged women with low incomes tend to live with children, if they have any. Men's choices appear to depend on other factors. They are likely to live alone, even with low income (14, 18).

Income and living together.—It has been noted that cash contributions are more frequently given by those with higher incomes and are more frequently received by those with lower incomes. As far as it goes, this finding is inconsistent with those from sociological studies that conclude that working-class but not middle-class mores require assistance to relatives beyond husband and children. Living together is somewhat more in accordance with this expectation. In 1975, 3 out of 5 aged women who were heads of family shared in annual family income less than $10,000. Generally these women were living with a relative other than a husband. Among all aged women, only 3 in 10 shared an income less than $10,000.

Aged men in families not their own—a much smaller number—showed a similar though not as striking disparity. Similar patterns could be seen a quarter of a century ago (255).

In short, the more that people have, the more likely they are to give in cash. But having more does not lead them to share their living quarters more readily. The overrepresentation of shared living arrangements in the lowest income brackets must result from both the need of the parent and the income of the family. A retired laborer is five times as likely to live with relatives, for example, as a retired corporation executive (41). Undoubtedly, the combined income of laborers' families is lower, but the retired laborer's own income is lower than the retired executive's. The laborer's need for a living arrangement that will partly support him presents the question of help to his family. The executive's family is less likely to have a question to consider. Once the question of help is posed, the low-income family finds living together is the only way they can help.

Why does the starker need of parents in low-income families not produce more cash contributions from their children? Presumably they do not have cash to give. Possibly, too, the reciprocal services that the parent may offer—such as babysitting or housekeeping—mean more to low-income families. To simplify, giving cash reflects a feeling of having some excess that may be shared—a feeling, apparently, that few Americans at any income level have. Living together reflects much more simply a "lifeboat" response.

Culture and living together.—It is perenially argued that, aside from sheer need, lower income families are more receptive to living together. Such a statement must be used guardedly, if at all. Early English exploration of the relationship between working-class status and kinship intimacy concluded that the one does not produce the other (19). The conclusion has since been supported on both sides of the Atlantic. Instead, independent factors are intermingled with class. Occupational ties within families—when relatives help one another get a job in the same factory, for example—lead to daily contact. If the neighborhood and built environment throw family members together, as is likely for poorer persons, ties of sentiment are given expression and reinforced in contact. Bert Adams refers to

[25] In 1976, of nonmarried aged women, 33 percent lived in families; the proportion for nonmarried men was 34 percent (80). Living in families is a different, broader concept than living with children.

this as "residential compounding" of kinship ties.[26] Social and geographic mobility also play roles that, on superficial view, may appear as class expressions (181).

Studies that have ascribed kinship intimacy to class may have confused working-class and immigrant characteristics. It has been observed that loyalty to an extended family is an immigrant tradition, particularly among those from Eastern and Southern European countries (86, 119). In many places working-class and immigrant groups were identical, making such confusion unavoidable. The ironic note is: As the proportion of 65-year-olds with immigrant backgrounds declines (from 25 percent to 6-7 percent in the last 30 years) (249), alarm arises that a tradition of extended-family solidarity—thought by some to be American—is vanishing.

"Culture" is the term commonly used to attribute special qualities of family closeness and mutuality to the poor. Spanish-speaking and black groups are now most often discussed in these terms. In reality, 82 percent of white families in the United States have no aged member, but 85 percent of black families and 90 percent of families of Spanish origin have no aged member.[27] These findings reveal differences in life expectancy, to be sure, but do not justify sweeping talk about extended-family living patterns.

Scholarly work produces the same scrupulously phrased generalization about blacks and Spanish groups as it does for other ethnicities or for the poor in general. "The actual availability of instrumental assistance [to old blacks] is a function of their own and their kin's socioeconomic conditions."[28] "Minority status tends to result in residential compounding and in strong kin ties for the sake of mutual aid and survival in a hostile environment."[29] It is the hostile environment that makes generosity and exchange more dependable than mainstream sources of income and goods (215). Independent factors arising from the concomitant factors of poverty and the situations of minority groups lead to the equating of ethnicity and special family relationships. While these circumstances persist, ethnic groups presumably will—out of the accident of being kept near one another and for survival's sake—manifest a culture outsiders may regard with romantic envy.

Value of living together.—As living together has become less common, researchers have given up trying to determine the monetary value of the arrangement. In 1978, needy individuals living with "another" could have had their SSI payment reduced by $63 a month because Congress felt that sharing a house reduces expenses by one-third. That is one estimate.

In earlier years it was clear that living together added substantially to income of the poor (60, 139). It must be assumed that it represents an even larger proportion of income for the smaller number of aged who share homes today. In any case, value cannot be measured in financial terms alone. The relationship of advanced age and poor health to living together strongly suggests that protection or nursing care is often involved, as are less tangible factors such as attention and company.

It is also possible—though viewing the aged as objects of sympathy tends to obscure it—that adult children benefit from living with parents. Twenty years ago, scholarly comment about the contribution of the aged was limited to occasional wry observations that the positive value in joint living "must be taken as a possibility also" (214, 12). Under the stubborn, cant-free instruction of researchers such as Ethel Shanas, positive attributes of parents in joint living are now more readily acknowledged. It seems clear that living together is influenced by parental concern about children as is parental contribution of cash. Let us count the ways.

More than half the aged who live with their children are themselves the homeowners.[30] Plainly the

[26]Bert N. Adams, "Isolation, Function and Beyond: American Kinship in the 1960's," **Journal of Marriage and the Family**, November 1970, page 587.

[27]U.S. Department of Commerce, "Money, Income, and Poverty Status," op. cit., **Household**, table 1.

[28]Jacquelyne Johnson Jackson, "Comparative Life Styles and Family and Friend Relationships Among Older Black Women," **The Family Coordinator**, October 1972, page 478.

[29]Adams, 1970, **op. cit.**

[30]The 1961 estimate was upwards of one-third for "aged units"—a smaller number than that for aged persons—the 1967 estimate was 42 percent (14—table 6.1). By 1973, 73 percent of the total aged population owned their homes (188). Thus the estimate of half the aged here seems conservative.

parents are making a contribution, although the net benefit is only a conjecture. When asked specifically for whose benefit they are living together, the majority of parents say they are helping the children (223, 89). One analysis concludes that in 1967 the aged population was about equally divided between those able to give more and those who must receive more (139). It has also been noted that parents are turned to for shelter in later years in the face of stress: death, divorce, desertion, and migration (298, 89). In 1975, for example, about 1 in 10 separated women with a child lived in a household headed by a relative, presumably a parent (84).

Adult children receive material services, as reported by Ernest Burgess: "Where both parents and children elect to live together," he writes, "the arrangement may work out more or less satisfactorily. Where the wife is working, the mother-in-law often takes on the major charge of the household responsibilities. She may be very happy to function as a babysitter . . . . Although there may be some disagreements, these tend to be minor, and both generations report the relationship as satisfying."[31] Surveys of working mothers explore the role of grandparents in caring for children (120, 130, 274). The major role of aged parents as helpers in the household has also been verified (212, 89). Disaster and stress studies, carried on after World War II, found that families that include grandparents are more flexible and resilient in the face of an involuntary absence of the father and of flood, fire, or other disaster than are parent-child families (166, 313, 95). The dominant note in living together, as a number of studies have made clear, is "reciprocal services being freely performed" (244, 104).

Life cycle of living together.—Perhaps the vocabulary of "who profits" is itself misleading. As if they were using a stroboscope, scholars look at intervals in family development and the temptation is to ask at each point whether the aged parent or adult child is getting more. But the course of family life, although not without considerations of gain and loss, moves more slowly and evenly, and profit and loss are evaluated over a lifetime. The adult child stays in or leaves the parental home[32] as the timing suits the child and parents. (The tendency for young adults to establish their own households is growing but the older pattern survives.) Eventually the child leaves. Out of several children one may, by common agreement, elect to stay if it is required by the parent. As noted, the caretaker is more likely to be a daughter than a son.

In the first years of marriage, young couples faced with sharing a household with an aged parent make an assessment of their own needs and objectives. Those bent on getting ahead may tend to resist sharing a household. This attitude may explain Sussman's finding that higher-income families resist living together in the first 10 years of marriage but later may accept an older member (226). When in trouble, the adult child may return to the parent's home, for regrouping if not for a longer period. For some families, tight money rules out living separately for both young and old—a fact that is assimilated long before the ages of 21 or 65 that analysis spotlights. As parents approach retirement, most children have left or leave. Countable numbers of nonmarried aged women move to a different housing unit (18).

In general, "American old people are a very hardy group," and they live ably for some years as couples or alone.[33] In their older years, perhaps after age 75, they have increasing difficulty in managing. The proportion who live with relatives doubles. In 1970, 9 percent of those over age 75 lived in institutions, compared with 2.2 percent of the younger aged. Mollie Orshansky has pointed out that a small but possibly significant number of older parents now enter institutions who would have lived with adult children in the past, when living together was more prevalent.[34] Among the reasons is certainly the fact that the daughter or daughter-in-law, "on whom the burden of care . . . normally would fall," is now more likely to be working. Seen in this light, providing a family home for the aged parent—about which

[31]Ernest W. Burgess, "Family Living in the Later Decades," in **The Annals of the American Academy of Political Science**, January 1952, pages 111-112.

[32]Bond, **op. cit.**, table 16.

[33]Ethel Shanas, "New Directions in Health Care for the Elderly," in J. W. Brookbank (editor), **Improving the Quality of Health Care for the Elderly**, University of Florida Press, 1977.

[34]Mollie Orshansky, Office of Research and Statistics, Social Security Administration, in text and tables provided in private communication.

public pronouncements grow increasingly insistent—could mean a sharp decrease in available income, perhaps even poverty, for the entire family.

General opposition.—Despite the fact that living together appears to be declining towards some irreducible minimum, it may be worth examining the general opposition to this arrangement. When questions are asked about living arrangement, many will say that it is better for parents and children to live separately (48). Younger and older populations do not especially disagree on this point.[35] When the query is addressed to a group such as aged, nonmarried women who, it may be assumed, do not see the question as entirely abstract, fewer hold this point of view (17). Even so, the proportion who oppose living together is high. Specialists in family relations and in aging tend to be categorical about the matter. "It is impossible to say," reads a classical statement, "that with us it is 'natural' for any other group than husband and wife and their dependent children to maintain a common household . . . . It is, of course, common for other relatives to share a household with the conjugal family, but this scarcely ever occurs without some important elements of strain . . . ."[36]

Such a point of view serves several functions in our society. It has been amply demonstrated (304, 140, 198, 161) that the conjugal family, with allowance for individual merit and mobility, is the most suitable for an industrial society. Clearly, or at least it is widely believed (183, 227), young adults in our society need support in making a clean break from their parents. Finally, the American ethic that the individual (and his career and child) comes first has been upheld in the face of the poignant appeal that growing numbers of the aged are bound to exercise. The sweeping endorsement of separate living cited earlier has served these functions, and it has the advantage of simplicity. The evidence for the classical statement above, however, was for many years anecdotal and a priori. More recent investigation has opened it to considerable doubt; still, the old evidence survives and is reproduced.

Anecdotal evidence consists of repeated reports of the problems that occur when parents live with children (50, 35). "Severe family tensions [and] most painful conflicts to old and young are reported by psychiatrists and caseworkers when families are trying to combine arrangements satisfying for two or three generations in the same home."[37] When those who reported strain were asked to define the chief problem in living together, they cited privacy, space, and conflict over raising children (119, 123, 214). The consistency with which such reports appear makes it clear that the sharing of households by parents and adult children may cause problems. They do not establish that it necessarily causes problems.

Theoretical evidence moves beneath the complaints that are voiced to indicate the tensions that modern psychology recognizes in the living together of adult children and parents. Summarizing, Otto Pollak touches on the added financial burden a parent represents, the possibility that a child may be caught with an unresolved need to be dependent on his parent, or that the parent may resent being dependent on a child whom he has never really wished to see as an adult. Pollak points out the possibilities for resolving forgotten resentments between parent and child, the consequent guilt, and the possibility that either parent or child will find himself with less status in this new situation than he has had. "The economic and psychological mining of such situations leads easily to explosions for reasons implied in our culture," he concludes.[38] There can be no question about the existence of potential strains when parents and adult children live together. Such strains are inherent in any living situation—in work, in rearing children, in marrying. If technical and popular literature were confined to the strains intrinsic to each of these activities, would it be concluded that they should be given up?

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[35]Harris and Associates, **op. cit.**, pages 118-120.

[36]Talcott Parsons, "Age and Sex in the Social Structure of the U.S.," reprinted from the **American Sociological Review**, October 1942, in Herman D. Stein and Richard A. Cloward, **Social Perspectives on Behavior**, The Free Press, Glencoe, Ill., 1958, page 200.

[37]Hertha Kraus, "Housing Our Older Citizens," in **The Annals of the American Academy of Political Science**, January 1952, page 127.

[38]Otto Pollak, **The Social Aspects of Retirement**, Richard D. Irwin, Inc., Homewood, Ill., 1956, page 13.

An analogy may clarify this point. One may suppose that a visitor from Israel in the year 2000, third or fourth generation of a line of children raised communally in a kibbutz, would inquire whether Americans find it a strain to raise children in the family home. Do they not interfere with their parents' privacy? Are they not insensitive and demanding? Are they not an enormous physical and financial drain? Doesn't rearing children provoke unresolved conflict about dependency, and so forth? What can one answer to these questions but "yes," adding that compensating satisfactions are found or that the alternative of raising children communally is not desirable. Moreover, a healthy family organizes itself so that these strains are not as great as they appear to the uninitiated. The useful questions about raising children, as about living together, are not categorical (that is: Is there strain? Are there failures?) but discriminatory: When is strain greater and lesser? How are strains dealt with by those who handle them? What are the situations in which they cannot normally be handled?

Addressed in this fashion, chiefly in the last 15 years, answers begin to emerge. Havighurst has suggested that constructive plans for living together may be made if parents have truly freed their children (92). Possibly this point of view argues for a period of physical separation, no matter what the later arrangement. (Indeed, children who have broken away reestablish ties with parents after marriage and particularly after their own children arrive (19).) Burgess noted that in-law conflict is almost always with the mother-in-law;[39] it seems now well confirmed that families prefer to organize themselves around a mother-daughter tie. (Whether current changes in gender relationships will alter these patterns remains to be seen.) Authority and power relationships are naturally important (3) and it appears that when the mother is related to the adult son, living together is workable if she can yield authority to her daughter-in-law (244). On the other hand, material dependence may add strain to the role reversal that aged parents already feel. They must deal and be helped to deal with this if living together is to work well (75, 5, 100).

A mother may without special difficulty retain more authority with unmarried children. People seem willing to acknowledge a special mother-daughter bond, though too close a tie of father and daughter or son and mother seems to create a problem. It is also possible for husbands and wives to segregate certain financial and domestic roles so that one or the other is shielded from relationships that may be painful (244). Quite often the wife shields the husband—fearful that otherwise he would press for a "different solution" (100). Apparently, living together is especially difficult if the younger couple is downwardly mobile and the daughter, in particular, must every day reconcile her parents' ambitions or success with her husband's and her own lack of material success (5, 115).

Early on, Burgess offered "the hypothesis that mutually satisfying relations are much more likely to be maintained where living with or away from parents is a matter of choice and not of necessity for both the elderly and the younger couple."[40] On the evidence so far, that is correct (4, 227, 204). These selected conclusions are not a summary prescription for living together, but they make it clear that living together is feasible and, for some, a desirable alternative. Extensive research on these discriminatory questions would be useful.

More important, with the aging of the aged population it does not appear that the decline in living together can continue; indeed, the trend may reverse. It might be good if the unrelenting American drive to independent living were relaxed a little now and adults, older and younger, were to feel freer to choose whatever living arrangement they find intrinsically comfortable and satisfying.

Care and Affection

Even when their financial means are modest, many of the elderly say affection is the most important thing their children can give. Material help is ranked a poor second (though they may earnestly want that from the government) (223, 209). They want to live alone but close to their children (244). Adult children make complementary statements (119).

[39]Ernest W. Burgess and Paul Wallin with Gladys Denny Shultz, **Courtship, Engagement, and Marriage**, Lippincott, Philadelphia, 1954.

[40]Burgess, **op. cit.**

The Havighurst scale for the role of an adult child of aging parents, which in its own way states a consensus, rates highest the child who "keeps in close personal touch . . . by visits, letters, or actually living together." A medium rating is given to the adult child who "feels that their lives are fairly separate from his."[41]

Though technical material in no way supports it, widespread alarm exists that older people are isolated from their children and other relatives. The stereotype of the aged person is a lonely old woman, querulous or embittered, needy, and either demanding or overly proud, with no one to care for her. It has been suggested that this stereotype springs from the guilt of the young who write about aging. Possibly it is a result of strenuous efforts to maintain interest in a serious problem. Also, the tendency has been to equate physical isolation with social isolation.

The argument.—Talcott Parsons, for example, has demonstrated (160) that the effect of conjugal family living, of an economy that maintains a person at full employment and then abruptly retires him, and of the connection between work and where one lives is physically to separate the aged from the families of their children.[42] It was more or less assumed that the children no longer cared about or kept in touch with their parents. After a wave of contradiction, in 1965 Parsons extended a small peace pipe: American families are relatively isolated compared with other cultures, he said, but "it does not . . . follow that all relations to kin outside the nuclear family are broken."[43]

The fact.—It is historically open to question whether physical closeness meant social closeness. Today, the evidence is that physical separation is independent of emotional distance. In general, the aged prefer to live alone, but they live near children and other relatives whom they see frequently. Paying special attention to feelings of loneliness, a pioneering English study found that 4 out of 5 of the elderly made no complaint and fewer than 1 in 10 was very lonely. Furthermore, it was not those who had lived alone all their lives (the "isolated") who were lonely; it was those who had lost a spouse (the "desolated") and with time their grief might diminish. Some single men "lived completely lonely lives without any trace of loneliness."[44] Parents received a great deal of help from their children and they reciprocated to a marked degree (312, 19).

Surveys in the United States show similar findings (212, 85, 227). That 7 percent of those aged 18-64 and 12 percent of those over age 65 say loneliness is a "very serious problem for them personally" adds a dimension to understanding.[45] More of the aged are lonely to be sure, but more striking is that approximately 9 out of 10 are not lonely and that the proportions of young and old are so close. Indeed, the aged resemble other age groups more than they differ from them in many ways. Studies at Duke University and the National Opinion Research Center find that "while some older people are isolated from their families, most older people are a part of family configurations."[46]

Upwards of two-thirds of aged parents see their children at least weekly (223, 89, 206). Even when they are not visited, they may have daily telephone contact (122). The generations "have a desire to help one another . . . parents and children take care of one another during illness regardless of distance" (232, 24, 104, 203). Four out of 10 aged persons in Cleveland say that in the event of illness they would turn to children first (294). "Eighty percent of the supportive care received by elderly individuals living in the community is provided by family members."[47] "For widowed persons, adult children are often their only source of care."[48] One study after another records that in general the aged think their relationships with their children are satisfactory (85).

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[41]Robert J. Havighurst, "Research Memorandum . . .," in **Psychological Aspects of Aging**, John E. Anderson (editor), George Banta Co., Inc., Menasha, Wisc., 1956, pages 294 and 296.

[42]Parsons, 1958, **op. cit.**

[43]Adams, 1970, **op. cit.**, page 575.

[44]Peter Townsend, **The Family Life of Old People**. The Free Press, Glencoe, Ill., 1957, page 165.

[45]Harris and Associates, **op. cit.**, page 164.

[46]Shanas, 1958, **op. cit.**

[47]Institute of Medicine, **The Elderly and Functional Dependency**, National Academy of Sciences, Washington, D.C., 1977.

[48]Ethel Shanas, "New Directions in Health Care for the Elderly," in J. W. Brookbank (editor), **Improving the Quality of Health Care for the Elderly**, op. cit.

In an area of give and take where intangibles are the chief currency, it is particularly difficult to say that parents or children have the net advantage. Deep attachments and complex payoffs are involved. Although isolation of parents from adult children is frequently attributed to children's ambition to move into a higher social class, for example, parents may tend to say they are closer to children who have been more successful (223). This can be puzzling unless one realizes that parents, too, are ambitious for their children. Parents take pleasure in the success of adult children and find in it a means of continued expansion of their own lives, even if its visible result is to reduce physical contact between parents and children (223, 118).

Similarly folklore recognizes, though middle-class mores may reject it, a tacit tie between grandparents and grandchildren (42, 300, 44) that is the reverse of the common complaint that grandparents interfere with childrearing. Grandparents often seem to mitigate parental anger at children, in the course of which naturally they may become the object of anger themselves. Grandparents may indulge their grandchildren in a way parents cannot—in a way, in fact, that parents do not approve. But this relationship gives grandparents satisfaction, and it may serve salutary purposes for the grandchildren. Moreover, the relief that the parents, the middle generation, may find in the mediating influence of grandparents has been less adequately explored than the resentment they express. The outward evidences of this tie of alternate generations—babysitting, child care, and nursing—have been noted.

Material gain, feeling, and duty.—As in colonial times, inheritance from the parent is a consideration, and it appears to be well understood within families that the child who has helped most should receive the largest share. "If the sibling takes the parent into his home, other siblings expect that almost all the parent's estate should go to that child."[49] Even if no assets remain, children assess and seek psychological reward from the parent's will.

Ultimately, adult children provide care with or without rewards. "The decision to provide care," Horowitz writes, "is not a function of the quality or nature of the past relationship between parent and child . . . . One child (a daughter) usually emerges as primary caretaker with the other sibling occupying, if any, a secondary role. Hostility toward uninvolved siblings is experienced by the child providing care and is independent of feelings toward the older person."[50] The helper may take satisfaction from what she (sometimes he) has done and, indeed, break through to a new level of relationship with the parent, but that gain would not necessarily have been foreseen. With or without satisfaction or reciprocity, more strictly expressing "duty rather than satisfaction," and especially when the need is serious, adult children quite often "do what they can to help" (207, 301, 186).

To recognize the positive tone of filial relations for so many is not to imply that no aged individual needs protection, care, and social contact. When a retired person is incapable of handling an insurance benefit, often it is difficult to find someone to help him (269, 22). That conflict between generations exists, particularly when circumstances thrust living together upon them, has been noted. Further, many of the elderly do not have social contact and they miss it (119, 223, 35, 317, 314). The advance of years unavoidably brings to many illness, declining income, death of contemporaries, senility, or declining responsibility and status. The aged with grown children often find them a satisfaction and a support. When they do not, it may be particularly disappointing.

Summary of Current Practice

Adult children with their own young children or with only their personal wants to consider face for the first time, in substantial numbers, a free choice between these considerations and the needs of their parents. In the abstract, this dilemma is dealt with by expressing allegiance to all moral values at once—that is, to the rights of children, the independence of adults, and responsibility to parents. The practice in relation to cash, however, is tersely described by an old German proverb: One father takes better care of 10 children than 10 children take

[49]Marvin B. Sussman, Judith N. Gates, and David T. Smith, **The Family and Inheritance**, Russell Sage Foundation, New York, 1970, page 118.

[50]Amy Horowitz, **Families Who Care: A Study of Natural Support Systems of the Elderly** (typescript), December 1977, page 23.

care of one father. Some adult children live with their parents when parents' need is stark and the children themselves have little. As for the intangibles—attention, affection, and so forth—less value conflict arises because giving these things to one's parents need not diminish what remains for a spouse and children. On the contrary, a warm relationship with grandparents may mean more to be shared by everyone. These ties are usually satisfying, to some extent, though unquestionably some parents are lonely and isolated.

On balance, parents may give more to adult children in cash, though less in living together. Living together is frequently a situation in which both parties benefit, though a set of scales would tip in one direction. Whatever the material balance, the receiver often renders service or supplies fondness, an important coin in itself. The conflict between such drives as advancement of one's own family and ties to the older generation is not necessarily an intergenerational conflict; parents are as much wedded to their children's advancement as are the children. Though to the onlooker, it may seem on occasion that adult children are living disproportionately well compared with their parents, it may be that the parents would not have it otherwise and that they take pleasure in their children's success.

What children and their parents give one another has little connection with law or compulsion. Cash payment, the only contribution that can be compelled, is now a minor part of the pattern. Helping each other by doing chores, visiting, and showing concern—things that cannot be compelled—make up the dominant pattern. To be sure, practical calculations of advantage are made and exchanges weighed, but these are complex and weighed over a lifetime. In the end, whether from affection or simple acceptance of responsibility, many adult children do what they can. Reciprocity, spontaneity, complexity, and (not legal but somehow personal) responsibility—these are the salient qualities of filial relationships.

It should be useful to know this pattern of filial relations. The family support that was assured by the pre-Civil-War economy has been confused by many with the voluntary support they wish would be forthcoming today. They equate the absence of filial contributions with the absence of filial ties. Therefore, they point to a general deterioration of filial relations that exaggerates the problem and, in any case, is inaccurate. We may take heart. On the other hand, pointing to deterioration may be a way of evading problems that need to be faced. In a context of generally sound relations but substantial problems for some, we need to think through what must be done in income maintenance, protective care, and social services.

The need for research that will be more directly applicable to filial relations is implicit in this discussion. This report has dwelt particularly on the need to deal realistically with living together, which so far has been treated as a very poor arrangement. Our country and our social sciences are old enough to take a more sophisticated position. It appears that children, at some point, need to live independently. Later, if it suits them and their parents, perhaps they can satisfactorily share a household again. The task before us is to learn when this move may be sound, when it may be disastrous, and the techniques that work in living together so that families will be equipped to make sound choices.

CHAPTER III

SELECTED SOCIAL SECURITY PROGRAMS AND ISSUES

The material on current practice orients one to a review of programs for the aged. One grasps the nature and types of need that may be involved, the depth of family resources on which they draw, and the other family needs with which, in a sense, they may be in competition. In addition, it is seen that particular findings, in terms of practice, bear on program issues.

The social security program, itself a consequence of ethics and social forces that have been described, has in turn become a major social force. When a set of programs develops concurrently with spectacular increases in national wealth and in the numbers of program beneficiaries, as well as an array of other deep social changes, it is difficult to disentangle program-stimulated changes from coincidental changes. Moreover, the simple existence of social security, apart from its program elements, supports a public view of government responsibility that would otherwise be hard to imagine.

Instead of trying to deal with the social security concept as a whole, therefore, several specific programs and issues are discussed. The selections are retirement insurance, a particular aspect of the retirement program providing benefits for a dependent parent or parents, supplemental security income, the issues that center on community services and care of the aged in institutions, and certain underlying policy choices in social security that emerge from the general discussion.

Retirement Insurance

The retirement insurance program is generally equated with the full OASDHI program by the public. It is itself a major social force. Comment will be offered about the effects of retirement income on filial relations, particularly as it increases independent income, permitting increased investment by young and middle-aged parents in their children, and as it facilitates independent living for the elderly and enhances their capacity to move from one dwelling to another at will.

It is commonly observed that reliance on one's own income, even if it provides only partial support, contributes to an aged person's sense of dignity and self-respect. When relations with children are based on at least partial independence, warm and spontaneous relations with them are promoted (121, 244, 7). In 1928, Abraham Epstein estimated that one-third of the aged—a little less than 2 million persons—were substantially dependent on their relatives or on organized charity.[51] In the intervening half century the aged population has more than tripled but less than 1 in 10 can now be said to answer to the same description—that is, substantially dependent on relatives, voluntary charity, or public assistance.[52] Without social security benefits, it is estimated, 10 million aged persons would be poor—three times as many as are in fact poor (156).

Because the change has been gradual, its full significance may not be appreciated. The proportion of the aged living in poverty declines year by year but, over the long run, definitions of poverty inflate to take into account higher average income and real standards of living (193). The aged may not therefore feel better off than the aged 20 or 30 years earlier, though they are unarguably better off in goods and services. The issue is one of distribution of national income, or position of the aged in relation to others—the young, the middle-aged, the "average" person, one's self at an earlier time, and so forth. In these terms, the situation of the aged fluctuates

[51] Abraham Epstein, **The Challenge of the Aged**, Vanguard Press, New York, 1928.

[52] Susan Grad, **Income of the Population Aged 60 and Older, 1971** (Staff Paper No. 26), Office of Research and Statistics, Social Security Administration, 1977, tables 6 and 7.

from decade to decade—despite generally rising income (27, 159). Even if the level of living and the distribution of shares are ignored, the proportion of the aged who count on independent income as a matter of right has increased quite steadily. This is all a profound change from half a century ago and can only be regarded as contributing to filial relationships based on self-esteem and autonomy.

Investment in children.—Another aspect of assured, independent income for the aged has had a deep and widespread, if not readily demonstrable, effect on families of the children of the aged. It has been estimated that the aggregate actuarial value of social security in 1979 was $5.9 trillion.[53] Speculative and, indeed, hotly contested economic analysis suggests that one effect of retirement insurance of such magnitude is to reduce personal savings by as much as one-half (67, 66).[54] (Protection provided by the Medicare program can only have added to this tendency.)

The economic effects of reduced savings are grist for other mills, but guaranties that provide the capacity substantially to reduce saving would affect a family's behavior: Ready ways are found to invest in the family, the children, and later in the children's children. Among poor families, upward mobility is made easier since "take-off for poor families requires surplus money for self-improvement . . . ."[55] Comment has been made on the reverse flow of cash from older to younger individuals. Retirement insurance facilitates investment in children by freeing grown children of the stringent need to support their elders and, at the same time, of the stringent need to save to support themselves later. In a theoretical sense, retirement insurance has acted as a form of children's allowance.

Living arrangements.—If many aged parents prefer independent arrangements, as they say, and if increased income eases separate living, as noted, retirement insurance ought to affect the living arrangements of recipients. That effect can be seen in a comparison between the living arrangements of the total aged population and retirement insurance beneficiaries.

Between 1951 and 1957, the average monthly old-age benefit increased by more than 50 percent ($42 to $65 a month) (264), while the cost of living rose only 8 percent. The housing market had been tight for some years and many people had not been able to find or afford the housing they preferred.

In 1951 OASDI beneficiaries were more likely than the total aged population to live apart from their children, as the accompanying tabulation shows. In the ensuing 5-6 years, with real benefit levels rising markedly, they increased their advantage. By 1967 both groups had continued the trend to separate living, achieving virtually identical proportions because by 1967 almost all the aged population were beneficiaries. In 1977, however, 1 million aged nonmarried women still received no OASDI benefits. Those beyond age 75 were prime candidates for shared living arrangements: More than half lived separately from children and other family members (a broader category than is represented in the figures in the tabulation). But two-thirds of the OASDI beneficiaries who were otherwise comparable with these aged women kept house for themselves (80, 156) and a tenth more were living independently. Increased independent living accompanied increased income for all the aged. Throughout, the rate was faster for OASDI beneficiaries.

Percentage of aged living with children

Aged	Total aged population			OASDI beneficiaries		
	1952	1957	1967	1951	1957	1967
Couples	26	23	15	26	17	14
Nonmarried men	31	27	21	32	26	21
Nonmarried women	45	37	28	39	31	28

Sources: For the total aged population (218, 208, 14, table 7.1). For OASDI beneficiaries (271, 270, 147). Percentages for the total aged population exclude the institutional population.

Mobility.—From certain points of view, geographic mobility also reflects filial relationships. Although younger age groups move primarily for occupational

[53]The Board of Trustees of the Federal Old-Age and Survivors Insurance and Disability Insurance Trust Fund, **The 1979 Annual Report of the Board**, Washington, D.C., April 24, 1979.

[54]See also Louis Esposito, "Effect of Social Security on Saving: Review of Studies Using U.S. Time-Series Data," **Social Security Bulletin**, May 1978, and Robert J. Barro et al., "Social Security and Private Saving: Another Look," **Social Security Bulletin**, May 1979.

[55]Alvin L. Schorr, **Poor Kids**, Basic Books, New York, 1966.

advancement, the aged usually move to be near their children or other relatives or friends (167,168). This fact is true even of Florida (69) and California (17) to which the aged have also found other reasons to migrate. No doubt moving for this purpose explains in part the surprisingly high percentages of aged persons in our country—well above a majority (208, 89)—who live near a child. When a study of OASDI beneficiaries was made 20 years ago, 1.5-2.0 percent moved across State boundaries in a year (266). The comparable figure for the total aged population at the time was 1.1 percent (262). The latter proportion is now about the same, perhaps slightly lower (260). One supposes that average mobility of the aged population tends to be reduced as average age rises, while the increase of independent income provides a countervailing capacity to move at will.

These observations may add up to what is in any case obvious: A program that is planned to insure the aged against loss of income succeeds at least in part in its mission. In the process it contributes to self-esteem, autonomy, and spontaneous family interchange on the basis of equality. It assists people in selecting the living arrangements they prefer and permits them to live near relatives when they prefer. It frees them of the practical need for saving to the degree that would otherwise have been necessary, as well as freeing them of anxiety about the future. Thus they are able to invest in their own advancement and their children's.

Analysis can take one only so far. One must imagine what family life in the United States would be if one-third or one-fourth of the aged shared a dwelling unit with an adult child, if the same proportion were substantially dependent on relatives and on charity, and if middle-aged persons were required to save for ill health and retirement in old age. That situation existed not many years ago. The difference between existing family patterns and those that would exist in such circumstances must in large measure be ascribed to retirement insurance.

Dependent Parent of an Insured Worker

A very small segment of the retirement program provides specifically for the dependent aged parent of a wage earner. Upon the death of a worker, benefits are available to a dependent parent or parents. The history of the Social Security Act shows progressive liberalization of the definition of a dependent parent since the concept was introduced into the program in 1939. In order to qualify, parents had to be "wholly dependent upon and supported by." In 1946 this was changed to "chiefly dependent upon and supported by." In 1950 the law was amended to require only that the parent must have been receiving at least one-half his support from the worker. Subsequent changes made it possible to pay benefits even if support had been discontinued during a specified period of disability and even if there were other survivors. Despite liberalizations, the number of dependent parents receiving benefits dwindled from 36,000 at the end of 1960 to 17,000 by 1978.

"One-half support".—The definition implicitly recognizes that parental dependency is not typical. Benefit payment requires proof of dependency. The requirement for "one-half support," as in earlier programs, is a yardstick to establish the loss stemming from lost earnings. The program seeks to replace at least part of the loss. Vexing problems of administration have been produced, however. Proof of support may be difficult to obtain, particularly with one party dead and the other aged. For those who lived together (a support situation more common than cash payment), what may be needed is an exact calculation of who paid the bills, who bought the food, and what was charged to whose account. Moreover, the rule may give results that seem unfair in principle. A parent who is supported equally by three children, for example, would not be eligible on the death of any or, indeed, the simultaneous death of all of them. A parent who receives more than half his income from SSI and somewhat less from a child would not be entitled to benefits if the child died (267). In 1977, 45 percent of the applications for parent's benefits were denied, the large majority of them for failure to establish "one-half support." Apparently, many parents whom the rule rejects think they are dependent.

True dependency.—If the current practice of filial responsibility is referred to, it is possible to understand why parents who receive less than half their income from a particular child think of themselves as dependent. In lower- and moderate-income groups, cash contribution represents a substantial sacrifice by the adult child, though it may often not

represent half the parent's income. And the rule is applied with much more difficulty to the situations in which most dependent parents live—that is, living together. The burden of establishing one-half support is on the parent in a situation when separate accounts may not have been kept. Lack of evidence may, in effect, be negative evidence. Furthermore, when two people were living together, one-half support of the parent was three-quarters support of the joint household. (That is, the child must have paid for his own share plus half of his parent's share.) It requires very little independent income, therefore, to put a parent over one-half support in a modestly budgeted household. Yet, with the death of the child, his own income may not be enough for rent and utilities, or for food and other needs. The situation need not be this desperate to make the point. It has been noted that illness and incapacity lead to shared living arrangements. Consequently, the death of the child may present, as financial costs, needs that were not previously financial—housekeeping, transportation, nursing. The parent may be able to get along after the death of the child, but one can hardly maintain that he has not suffered a significant financial loss.

Why is the program so small?—Compared with the 22 million retired workers and their dependents covered by the OASDI program, 18,000 persons benefiting as dependent-parent beneficiaries are an insignificant group. Untold numbers who would meet the dependent-parent definition are insured in other ways and receive their benefits as retired wage earners, their wives, or their widows. Thus, as more people become entitled to benefits based on their own or their spouse's earnings, fewer show up as dependent parents. Still, it is puzzling that the program is not larger. The provision for dependent parents has been viewed as a transitional measure that would be phased out as people become entitled in their own right and for that reason, perhaps, no study has evaluated its outreach. However, a look at the statistics of the old-age assistance (OAA) program should illustrate the point that may be raised.

In 1973, the year before the OAA program was replaced by SSI, 1.7 million aged persons received such assistance. Of them, 640,000 were recorded as sharing a dwelling with adult children or other close relatives. Probably because State lien laws deterred applications for assistance by home owners, only 43 percent of the recipients owned their homes (compared with 73 percent of all the aged). Despite living together and home ownership, half the OAA recipients were paying more than 30 percent of their income for housing.[56] For the vast majority of the 640,000 in shared dwellings the living arrangement was a survival strategy. That they were receiving OAA itself indicates that they were entitled to a very low social security payment or none at all. Thus, if 3 percent of this particular group had had an adult child die, they alone could account for the number now receiving benefits as dependent parents.[57]

The underlying principle of the social security program is replacement of an income loss brought about through death or other defined risk. The test of one-half support for a dependent parent is a proxy, possibly imperfect, for this philosophy. Approached in this spirit, a number of possible explanations of the program's limited reach suggest themselves. The test is an administrative problem in itself and, applied rigorously, it excludes many. The statistics of rejected applications support this observation. As in all such procedures, those who are rejected represent a larger number who failed to apply because they assumed that they would be rejected.

Second, the test does not assess dependency in the way that it is actually practiced. In American practice, living together (though benefits may flow both ways) and regular contributions of money represent dependence on one side and sacrifice on the other. Finally, a special, technical provision of the law limits the total amount of benefits a family may receive. When there are more than one or two dependents, the total allowable amount must be reduced and shared equally. One may imagine that the parent of a deceased wage earner who has left a wife and two children would prefer to receive an SSI payment or other alternatives rather than reduce the benefit of his daughter-in-law and grandchildren. In

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[56]Sylvester J. Schieber, **Aged Welfare Recipients' Housing and Public Housing Policy** (mimeographed paper), Office of Research and Statistics, Social Security Administration, 1978, tables 2 and 7.

[57]It may be argued that applicants preferred OAA, or its successor, to dependent-parent's benefits because SSI eligibility assures qualifying for Medicaid (an issue yet to be discussed). However, SSI applicants are required to apply for all non-SSI benefits to which they are legally entitled.

fact, cases of reduced benefit in such a circumstance are counted only in the hundreds—an unlikely situation if chance alone were operating.[58]

Proposed alternatives.—Tests of dependence closer to actual family living patterns are readily available. First, the dependence of an aged parent living with a child who dies may be assumed without further test. The occasional aged millionaire who provides quarters for his children in his mansion is, in any event, drawing a larger retirement benefit on the basis of his own earnings record than he might receive as a "dependent parent" if one of his children died. Second, the effect of SSI payments or other assistance could be omitted from the one-half support calculation. Thus, some of the aged would receive dependent-parent benefits in place of SSI payments. The government would experience little difference in cost but the aged person would find entitlement tests and reporting less onerous. And third, the family maximum could be modified to provide a specified minimum amount to each qualified recipient.

Two general problems cannot be solved within the confines of the special benefit itself. The tendency for the needy aged to receive SSI payments, which in turn makes them ineligible for a dependent-parent benefit, is the tiniest illustration of the problem when programs based on need predominate over social insurance programs. On a larger scale, serious problems are created. Furthermore, it would be a doubtful kindness to provide dependent-parent benefits to those who had been eligible for Medicaid if they were thus to be made ineligible.

Supplemental Security Income

Supplemental security income, like retirement insurance, owes its existence to new forces and conceptions affecting the aged. For many, whom opportunities or other programs failed to make secure, it provides maintenance and some dignity. It was planned as a uniform Federal program that would "take the elderly . . . out of what is called poverty."[59]

Federal assistance levels are not high enough, however, and only in States that supplement Federal levels sufficiently is the antipoverty purpose entirely served.

One bears in mind that the SSI program operates on a base established by retirement insurance. Nine out of 10 of the aged receive OASI benefits. Only 1 in 10 receives SSI payments, and the large majority receive them as a supplement to their OASI benefits. Some 40 percent of the aged are moved out of poverty by their retired-worker benefits (250).

For those of the aged who qualified under the SSI program, it eliminated 73 percent of aggregate poverty in the first year (1974), registering an advance over the 62-percent record for OAA a year earlier (190). Despite the growth of social insurance, 2.3 million aged persons look to SSI for minimum support (283). That such suppport enhances parental relationships with children is well understood. The effect of a measure of security and independence upon filial relations must be constructive.

Now a closer look is taken at the areas in which the program concerns itself with filial relations—provisions governing allowable income and assets. First, some words of review should be accorded to the OAA program's rules for relatives' responsibility. Although these were swept away by SSI, the record may hold cautionary lessons.

Relatives' responsibility.—State laws regarding the obligation of adult children to support their parents affected only the families of public assistance applicants. The parent with income in excess of public assistance standards is not likely to be able to compel support from his wealthy son, no matter how disparate the circumstances (179, 125). Filial support statutes have been on the books in many States from the time of their admission to the Union but with desultory enforcement. During the first decade of the Social Security Act these statutes were under substantial professional attack. They were difficult to administer, and their enforcement was neglected. At the close of World War II, renewed interest in the enforcement of filial support was stimulated, it is generally agreed, by sharply rising public assistance cost.

[58] **Social Security Bulletin Annual Statistical Supplement, 1975**, Office of Research and Statistics, Social Security Administration, 1977, table 110.

[59] M. Kennedy Bowler, **The Nixon Guaranteed Income Proposals: Substance and Process in Policy Change**, Ballinger Publishing Company, Cambridge, Mass., 1974, quoting Congressman Wilbur J. Mills, page 94.

The results of this renewed interest were not uniform. Some States abolished provisions for filial responsibility; others enacted them for the first time. In the 1950s, 16 States had no support requirement of adult children, 21 States required a contribution but paid assistance even if it was not forthcoming, and 14 States required the contribution and reduced assistance accordingly even if it was not provided (56, 265). The provisions were difficult and expensive to administer. The roles of the welfare department, court, and legislature were not the straightforward roles taught in social studies classes. The reluctance of prosecutors and judges to bring filial support cases to trial was generally attributed to political sensitivity and the fact that they had a more practical appreciation of the pressures adult children bear than welfare departments did. One State administrator complained to a legislator dealing with relatives' responsibility, "Why do you make laws which you don't expect, and don't want, us to enforce?"[60]

Available evidence suggests that filial contributions did not in themselves lead to substantial saving for the government. However, the reluctance of the aged to force responsibility on their adult children probably deterred some from applying. Through enactment of relatives' responsibility around 1950, Maine and Alabama each appeared to save about $1 million annually. Rigorous enforcement of support also brought consequences for the aged and their children. Some of the elderly, failing to receive the contribution the State assumed they were getting, managed to live on less than assistance budget levels. In cases where the family did provide support the deprivation was shifted to the impoverished adult child and his family. Living arrangements also were affected. Some families were forced to live together because they could not manage in any other way. Some (probably fewer) adult children who would have had to live with aged parents moved away, for there was virtually no enforcement across State lines.[61]

When Congress enacted Medicaid legislation in 1965, a condition of Federal participation was that States not require contributions from adult children. When the SSI program replaced OAA almost a decade later, no requirement for filial contributions was included. The experience gained in the changeover to SSI lends support to the view that relatives' responsibility had not been saving money for States. "The elimination of the relatives' responsibility provisions from the State programs had little effect on the caseload response to SSI," Schieber finds. On the other hand, "elimination of the lien law in States having these regulations led to significant increases in the caseloads" (189). (Some States took liens—usually on the homes of recipients—so that, upon the recipients' death, the State could recover any amount paid in assistance.)

One may speculate that Congressional precedent in enacting Medicaid may have led States to relax enforcement of filial responsibility in the OAA program. Indeed, at that point New York State amended its law to drop filial responsibility. Comparatively little money was being produced by those provisions; by 1974, even their deterrent effect was weak. The lien laws, on the other hand, had continued to exercise a substantial deterrent effect. Furthermore, if legislation is viewed as a media event in part, changes such as those enacted by Alabama and Maine in 1950 were a signal to keep applicants out and the SSI legislation was a signal to bring them in. If so, both measurably succeeded.[62]

Unearned income in SSI.—Treatment of unearned income under the SSI program raises related issues. In general, the agency must assess cash and in-kind resources available to applicants—funds "deemed" to be available, to begin with, in the case of a shared living arrangement with adult children or others. Such resources may lead to reduced payment or, at a specified level, ineligibility. The language of the law, referring to the receipt of "support and maintenance" in living in another person's household (section 1612a(a)(21)), seems to imply that pay-

[60]Michael V. Hitrovo, "Responsibility of Relatives in the Old-Age Assistance Program in Pennsylvania," **Social Service Review**, March 1944, pages 69 and 75.

[61]An extensive discussion of these observations is contained in Schorr, 1961, **op. cit.**

[62]As early estimates of the eligible population exceeded the number who came on the SSI rolls, it is reasonable to question whether the entire entitled population receives benefits (216, 149, 295). Some evidence suggests (217) that in States with lien laws deterrence still operates in some fashion.

ment is reduced because the aged person is receiving a contribution. That is, SSI should not relieve the contributor. On the other hand, the House Ways and Means Committee report (251) states that SSI payments should be reduced by the statutory one-third even if the SSI recipient is paying for room and board. That is, in a shared living arrangement, the aged person's living cost is lower. With the apparent conflict with the language of the law, such reductions were not made automatically. The statutory reduction is one-third—for an individual in 1978, a loss of $63 from what would otherwise be a $189 payment.

Perpetuation of poverty.—One may feel a sense of déjà vu. Under the OAA program, it was precisely in living together that the impact of filial responsibility requirements was most sharply felt. There, too, it was unclear to what degree agencies were snagging responsible relatives who had no escape and to what extent they were taking into account reduced costs. A Pennsylvania study of the OAA program applies directly to the earlier observation that living together occurs disproportionately among poor people. Where the State secured support contributions from children living with aged parents, half were from children with family income of less than $5,400 a year (in 1978 dollars). No contributions came from any child with annual family income of more than $12,000 (164). Study after study arrived at a similar conclusion (170, 17, 1, 134, 69).

The SSI program is not old enough to have been studied for the relationship between cash contributions and family income. Surely quasi-voluntary contributions in SSI do not come from families with higher incomes than those that made the compulsory contributions under OAA. It is known that many of the adult children in these living-together situations are mentally retarded or otherwise disabled.

Thus the SSI program, having eschewed filial responsibility, reproduced its effect with the very group that OAA held in its grip most firmly—the parents and children who must share dwellings. They are no longer held by law or regulation—these have been put aside. They are held by a combination of economic exigency, to which living together is the only solution, and the legislative mandate that such a solution reduce the payment level. This initial impact may have been reduced somewhat during the past 5 years, the proportion of the caseload subject to the one-third reduction having declined from 8.0 percent in 1974 to 5.8 percent in 1979. (The decline may result from increased exploration of each of these situations.) Still, those particular families are hurt. As it happens, Federal housing assistance favors those aged who live alone (188), a surely unplanned phenomenon compounding the deprivation of those who must share dwellings.

It has been indicated that the SSI program falls short by about one-fourth of eliminating aggregate poverty among the aged it serves. In New York City, for example, 1 in 12 SSI recipients reports that he cannot afford even one balanced meal a day. One in 5 "cannot eat properly towards the end of the month, when their money runs out."[63] In the nature of the way families live together, it cannot be said that the aged person, the adult child, or another family member has a lower standard of living—they all do. Deprivation is not the only issue: Interference with the advancement of adults and the nurture and education of young children is another. If one considers families with income of less than $12,000 and asks not whether this is enough to live on, but whether funds are available for saving so that in time a person might make a down payment on a small business or help to send two children to college, one perceives a different dimension. For example: "Children can ill afford to support their parents without depriving their own families of necessities and their children of opportunities."[64]

Family Living Arrangements

It is difficult to assess the effect of the one-third reduction on the tendency to share dwellings. It would be overly simple to suppose that $63 a month, however consequential, leads the aged to live alone. Those who already share dwellings have come a long road to that arrangement. Some need practical help; others, like those who live with disabled children, live together to give help. And, shared living is cheaper. Presumably, aged persons living alone who have come to consider shared living, balancing advantages and disadvantages as they must, regard the prospect of reduction in income as

[63]Mary L. Zander, Patricia Pettiford, Amy Horowitz, and Lynne Gernet, **SSI: An Adequate Income for the Elderly?** (Paper presented at 30th Annual Meeting, Gerontological Society, San Francisco) November 1977, page 6.

[64]Hitrovo, **op. cit.**

a negative factor. If difficulty in managing precipitates the issue, they may be brought to living together anyway. Within low-income groups, ill health and difficulty in caring for one's self are the "insistent" qualities that determine living together (239, 227). Rather than preventing living together, it is more likely that the reduction in income leads to irritation and strain. There may particularly be resentment if living together is contracted with doubt or mixed feelings or if one child is carrying the burden for several. It is not simply that income is less; the government formally says it should be less. Recommendations that the provision be dropped have been made by the Supplemental Security Income Study Group and the President's Commission on Mental Health (287, 172).

Equity.—Although it does not centrally concern filial relationships, it must be relevant that the provision for one-third reduction invites manipulation. If the applicant or spouse owns the shared dwelling, in whole or in part, or pays any portion of the rent, or is legally liable for the rent, then the applicant is not living in another's household within the meaning of the law. Almost anyone who carefully organizes a shared living arrangement can legally manage to escape the reduction. It has been noted that in the last year of the OAA program almost 4 in 10 recipients were recorded as sharing a household; the proportion for aged SSI recipients in September 1979 was 5.8 percent. (Four out of 5 of these were residing with adult children or their own more aged parents.)[65] Living arrangements cannot have changed so much in 4 years. It is the program's definition that has changed, and that definition was subject to client management. Who cannot manipulate the definition? Those who cannot make a case that they are paying for themselves. That is, those who are most unschooled or have no income at all—in short, the most impoverished aged and their most impoverished adult children. It is to them that the above observations about client and family deprivation apply in particular.

Cash and in-kind contributions in independent living.—The SSI law requires that contributions for basic needs (food, clothing, and shelter) be offset against payment levels, reducing them by no more than one-third. Contributions for other purposes are deducted in full. The contribution of a spouse, even though for basic needs, is treated more stringently—that is, deducted in full after modest allowance for the spouse's own basic needs and work expenses.

In principle, a problem is created by this provision like that in all programs that pay benefits in relation to need. That is, a child's contribution to his aged parent simply diminishes the government payment. Analysis of the experience with the OAA program supports the common-sense view that under such circumstances children tend not to contribute. Conversely, some—not many—contribute if it adds to the income of the parent. "The honey of accomplishing something for one's parent appears to produce a contribution."[66] Perhaps aged SSI recipients tend to receive a little more or a little less in contributions than other aged persons, but no evidence is available.

The issue of incentive to give should not be labored. More central is the observation that material support is not the form that filial expressions commonly take. When they do, they are part of a free and spontaneous exchange of goods and services—a habit of exchange and a relationship developed over a lifetime. The probable effect of the reduction rule, if any, is to lead to gifts in kind rather than cash, to giving them irregularly where they may have been regular, and to neglecting to report them. It does not seem wise for the government to engage its needy aged in just this way to achieve savings of perhaps $30 million a year—relatively small in a multibillion dollar program.[67] Savings are so small because those aged persons whose children are able to support their parents usually have retirement income above SSI levels. Apart from the family issue, administrators complain that the rule is difficult and costly to administer.

Assets.—In earlier material, reference was made to the fact that the exchange of goods and services between parents and children is reciprocal over time, involving assets and inheritance. Marvin Sussman calls this "serial reciprocity" and observes that money is committed in exchange for love and care (227, page 233; 230). Filial affection and sentiment

[65]Jack Schmulowitz, Office of Research and Statistics, Social Security Administration, unpublished data, 1979.

[66]Schorr, 1961, **op. cit.**

[67]Schmulowitz, **op. cit.**

are mixed with material and business considerations in a manner indistinguishable to participants. Children are promised future benefits (inheritance) in exchange for present services or closeness in a manner all family members find valid. Generally, very little money is left to charities, friends, or distant relatives. In some measure, parents accumulate possessions in order to leave them. If the word has not been overtaxed, this practice is "serial self-improvement" and entirely American. This observation accounts for the deterrent effect of lien laws in the OAA program: Many aged parents chose to remain in need rather than to liquidate capital and use it for current purposes. With that capital they retain a measure of control; in the end, it is meant for the children. The SSI program does not have lien laws, but it has an analogous if smaller problem.

Under the current law, SSI payments are not available to individuals or couples with "countable" assets above $1,500 and $2,250, respectively. Some items are not countable—an owned home, for example, or an owner-occupied farm, the value of a car and household goods in modest amounts, and assets that provide a reasonable rate of return. Some of these exclusions, by producing income, reduce the SSI payment in a manner roughly proportionate to the value of the assets. However, only 2 percent of aged recipients report income from assets.

Congress has not attempted to regulate the disposal of assets in order to qualify for SSI payments. It is acceptable to spend the money all at once, to prepay expenses such as rent, or to transfer assets so long as the gift is irrevocable.

For obvious reasons, it is difficult to estimate how frequently assets are transferred so that an individual will qualify for the SSI program. In 1975 and 1976, about 2 percent of SSI applicants acknowledged that they had transferred resources within 12 months before filing (281). Nearly two-thirds of the transfers involved a bank account, which is to say that these resources were readily movable. The value of resources transferred ranged from $100 to $32,000, and averaged $5,500. Presumably some applicants, uncertain of the legality of such transfers, failed to report them. A Michigan study suggests that 15.5 percent of the aged families eligible for SSI payments on the basis of income would have been excluded on the basis of assets (138). With a 2-percent annual transfer rate, that proportion could rapidly be reduced to zero. In a relatively short time, the assets test will exclude few who are not in any case ineligible because of income.

Researchers have come to this conclusion: "Asset limits should not disqualify many . . . . Few families have substantial assets. The asset test is avoidable for those with the means and the desire. Consequently, the asset test may actually eliminate only those with moderate net worth" for whom conversion costs more than it is worth.[68]

The aged who have substantial assets also have relatively high incomes (14). Disposing of assets to qualify for SSI payments therefore serves a purpose for only a marginal group. Their SSI payments would be relatively low because their payment levels would be reduced in relation to their income. Apparently, assets are disposed of not so much to be able to quality for the SSI payment as for the automatic Medicaid eligibility accorded SSI recipients. Aged people with modest assets fear that an extended illness or nursing-home stay will exhaust a lifetime of saving in a few months

The question of equity has been central. It is suggested that aged persons who are knowledgeable will fare better, even though they are less needy (102). Criticism focuses on the view that manipulation of assets is improper, even if legal (287). From a family point of view, another consideration arises. In order for conversion to be legal for SSI purposes, assets must be fully expended or turned over irrevocably. Thus, aged parents yield a measure of control (either in being able to live on assets or to change a decision about who should inherit them) and become somewhat more dependent on the good will or responsibility of their adult children. The asset test thus undermines the autonomy and reciprocity that the SSI program, by providing independent income, enhances.

Earlier reference was made to the phenomenon of abrupt retirement fostered, it is said, by an industrial civilization. A transition that three centuries

[68]Marilyn Moon, "The Treatment of Assets in Cash Benefit Programs for the Aged and Disabled," in **Institute for Research on Poverty Discussion Papers**, University of Wisconsin, September 1977.

ago was "gradual, partial, and indefinite at many points has now become abrupt, total, and rigid in its specific applications. A process with intrinsic biological connections has become a moment plucked from the calendar."[69] A requirement to strip one's self of assets sharpens the abruptness of leaving one status and assuming another.

In short, in abandoning requirements that children support their parents and that the aged pledge their assets, such as they are, against aid they receive, the SSI program makes notable advances over old-age assistance. Still, when financial exigency (combined with other factors) compels living together, the SSI payment is reduced. When adult children provide observable support, the government pays the family unwanted attention. And though the government no longer seeks to recapture aid from an aged person's assets, it requires him to dispose of them. These provisions have adverse effects on families and, the interesting thing is, probably save relatively little money. No matter how we try, it appears that attitudes rooted in Elizabethan Poor Law die hard.

These provisions—the one-third reduction for living together, reduction because of contributions, and the assets test—could be moderated or eliminated at comparatively small cost to the government. In the process, administration of the SSI program and public understanding of it would be greatly simplified.

Services at Home and Congregate Care

Together with the social services titles of the Social Security Act and the Older Americans Act, the Medicare and Medicaid programs provide the bulk of funding for supportive at-home services that the aged require. Nursing-home care for the aged is financed extensively through Medicaid and in a small way by Medicare. How the interrelationship of these programs affects living arrangements and what changes or departures ought to be made are highly controversial subjects.

This section contains a critique of the view that financial and other incentives increasingly lead to institutionalizing the aged. Whether or not much money might be saved, the aged do require social or community services, so available services are examined. As it becomes evident that service delivery is seriously limited, the underlying problems that constrain delivery are listed. On that basis, this section concludes by sorting out the major alternative solutions that have been advocated. It should be said from the beginning that a unifying recommendation will not be offered. The deepest problems are political—interest-group political, not administrative or social scientific—and may be clarified but not settled by a work such as this.

Institutionalization and incentives.—It does not appear that Medicaid and Medicare have led the aged into institutions in great numbers. About 4 percent of the aged were in institutions in 1966 and about 5 percent are now—a difference that can be wholly accounted for by the aging of the aged population (155). (Between 1950 and 1975, the over-age-75 population increased from 32 percent to 38 percent of the total aged population (257).) "The United Kingdom has assiduously pursued a general policy of discouraging institutionalization and [providing] support services for people who remain at home."[70] Yet the percentage of the aged who are institutionalized is only slightly lower than in the United States.

One base for examining this subject is the health or capacity of the institutionalized aged to care for themselves. An occasional careless or carelessly reported study has suggested that as many as 40 percent of the aged in institutions could be cared for at home if community services were provided and funding incentives altered (162). In an appraisal conducted by the General Accounting Office, 87 percent of the institutionalized aged were found, however, to be "greatly or extremely impaired," compared with 14 percent of those at home (295). Might this finding suggest that severe impairment develops after entering a nursing home? Families of patients report that "For the vast majority . . . there were no services which, if available, would have enabled them to remain in their homes or other private residences."[71]

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[69]Demos, 1978, **op. cit.**

[70]Robert M. Ball, "Federal 'Income' Policy Toward Elderly Neglects Chronically Ill," **Hospital Progress**, November 1976, page 66.

[71]U.S. Department of Commerce, Bureau of the Census, "1976 Survey of Institutionalized Persons," **Current Population Reports** (Series P-23, no. 69), page 239.

Indirect evidence supports the statement. If payment incentives lead to institutional placement, such arrangements should be less common among wealthy families. The size of family income does not appear to be a major factor in the decision to institutionalize (258, 226). Indeed, one longitudinal study found that those with higher income and education were most likely to have entered an institution before death (158). Another indicator is the fact that 10 percent of the aged—twice as many as are living in institutions—are confined to bed or otherwise housebound, and that ratio has remained stable over the years (202). In other words, with the growth in the total number of the aged came commensurate growth in the number entering institutions and being cared for at home. One cannot say a burden of care is being shifted to institutions.

Multidisciplinary evaluation of aged persons proposed for nursing-home care has been suggested as a way to reduce the number in institutions. The most careful studies have so far failed to demonstrate this (23, 308, 307, 306). Evaluations certainly appear to uncover illnesses of which people were unaware, but in some cases they recommend institutions other than nursing homes—some of them involving more expensive care. They recommend at-home services that are in fact not made available. Or they recommend a nursing home and the aged person does not go—an indication of the real restraint on institutionalization. The contribution of such services to health and functioning is evident but one must be sceptical about claims that they do or would, in the net, reduce the aged institutionalized population.

Incentives to admit the aged to institutions do exist, primarily for the providers, not the users, of care. The apparent shift of mentally ill, aged persons from mental hospitals to nursing homes when Federal Medicaid payments became available is one example. Between 1963 and 1974, State and county mental hospitals lost more than half their patients. By 1974, 80 percent of the aged in nursing homes were diagnosed as senile (51, 32). The National Institute of Mental Health now estimates that "nursing homes are the largest single place of care for the mentally ill."[72]

That empty beds are an offense to administrators, except under the most carefully arranged circumstances, is well understood (51). The 14 percent of the aged at home who are "greatly or extremely impaired" require more than nursing service. They need care comparable to that available in institutions (295). Thus it seems logical that nursing homes would welcome the aged and the aged themselves would have no alternative. Medicare and Medicaid support home-health agencies, but the health connection is strictly defined and these programs do not support social services vital to maintenance at home (meals on wheels, friendly visiting, homemaker, transportation), nor are such services adequately funded elsewhere (11, 34). Community agencies, unable to provide unreimbursed services, find it easier not to seek them and to institutionalize the patient (94). Even those institutions that conscientiously discharge patients have not adapted their own procedures to helping patients stay at home, nor does the community have the necessary resources (72).

Why do incentives not have more effect?—Why does the overall proportion of institutionalized aged not increase as a result of such incentives? The general view, not unfounded, is that nursing homes and similar institutions are "typically unsatisfactory" (11, 144). Because they know this or because they are conservative and stubborn, the elderly resist entering institutions. In accord with the supportive patterns described earlier, their family and friends conduct a private, unheralded guerilla war against the forces of provider incentives (11, 62, 205, 301). Who in particular is caring for the dependent aged at home? Care is most commonly provided by a child, spouse, or other relative, or occasionally by friends. Eighty percent of home-health services were rendered in this fashion in the mid-1960s (151); apparently that situation continues today. It follows that in the United States (as in Britain) (7) those who never married or those who are childless are disproportionately represented in nursing homes. Of the noninstitutionalized aged, 80 percent have living children, for example, and 60 percent have a spouse. Directly comparable figures are not available for those in nursing homes, but only 70 percent report **either** a child or a spouse as next of kin (258). An old statistic suggests the same conclusion: Of the nonmarried living outside institutions in 1962, 3 out of 4 had a living child. Of those in institutions, fewer

[72]Federal Council on Aging, "Outline for Report on Frail Elderly Project," and **Report** (draft material), 1978.

than half had a living child (61). Retirement insurance and SSI payments (like OAA) play an important role, providing income on which to manage.

The functionally dependent.—At the center of the family effort are the so-called functionally dependent elderly: "those individuals over 65 whose illnesses, impairments, or social problems have become disabling, reducing their ability to carry out independently the customary activities of daily life."[73] It is estimated that 3 to 4 million of the aged (17 percent) answer to this definition. About one-third of them are found in institutions, the rest at home. Included in the latter group are largely those described above as bedfast and housebound—a slightly smaller group than those defined as severely or extremely impaired.

Definitions and figures may seem more exact than they are. Those who are not functionally dependent may live with impairments that in time become disabling. Half the aged speak of having "very serious or somewhat serious" health problems (309). Only 1 in 4 has spent a day sick in bed in the last year, a not necessarily inconsistent figure (205). The institutionalized population is not static. As many as 10 percent of the aged spend time in a nursing home in a given year (205), though only 5 percent are found there on a given day. Some die but others return to family homes or other community facilities and arrangements. The absence of neat categories is emphasized here to make clear, in considering service delivery, that it is difficult to distinguish the functionally dependent aged from others who appear equally in need of service.

Community or social services.—With or without families, the aged sometimes need—and if that differs, want—community services, if only as a supplement to family support. It is widely reported that they cannot secure help. Perhaps one-third of the aged express a need for services at any given moment (85). Researchers wonder at their restraint (294). Those most in need make up a familiar litany: Poor, nonmarried, older, and female. Aged men appear more likely to see and follow up the need for money and older women to seek social services—possibly habits learned over the years. Yet observers think that the men need social services more (317).

Community services are categorized in a variety of ways. The General Accounting Office named information and referral as the most commonly offered services in its Cleveland study. In declining frequency, other services are transportation, socializing and recreation, escort, outreach, and education. Mental health, meal preparation, personal care, homemaker service, and assistance with food and groceries appear lower on the list (294). The order of the list itself suggests a problem. A prominent aspect of service provision for the aged has been what is called advocacy planning—activities such as information and referral and outreach that are meant to connect the aged with services and to persuade "public and voluntary social agencies . . . to devote resources under their control to the provision of new, additional, or better services" (78). The problem for the aged person is that advocacy is far more widespread than the services advocated.

Moreover, other of the more commonly available services do not come to the heart of functional dependency. More than 5,000 senior centers in the United States meet social, recreational, and educational needs, but 4 out of 5 of the aged do not attend, and they do not seem to feel they have missed anything (89). (Still, one must say for the senior centers that lower income persons use them disproportionately.) Rather it is more material aids that the aged say they need and do not have (309, 294, 141). As for community mental health centers, partly because they have been overwhelmed and partly because their priorities were otherwise, "the program is generally judged to have largely failed in its mission" with the aged.[74]

In sum, the services that the functionally dependent aged need and that they and other aged persons want most are in even shorter supply than professional activity and professional body counts suggest. It goes without saying that some existing services, though in short supply, are vital to the functionally dependent in the community. A special title of the Older Americans Act, for example, provides for meals and related services in group settings, some of them delivered at home. Another example: Over a period of 3 months, about 11 percent of aged SSI recipients (230,000) also received social services

[73]Institute of Medicine, 1977, **op. cit.**, page 1.

[74]Wilma T. Donahue, "What About Our Responsibility Toward the Abandoned Elderly?," **The Gerontologist**, April 1978, page 105.

under Title XX of the Social Security Act. These services were highly practical—health related, chores, homemaker, protection, and so forth (143).

One may judge that more community services would fill the gap but, even in more spendthrift times, problems other than financing would have to be acknowledged. First, several professions—social work and nursing, in particular—are involved and are answerable to other centers of power—departments of social services and organized medicine, for example, that, in turn, are more remote from the aged and attentive to more diffuse clientele and interests. The problem is not so much that health and social welfare professionals are in competition as that they operate along parallel lines. Federal financing, limiting reimbursement strictly to medical services, tends to maintain the schism (94).

Second, community services centered around social welfare are themselves seriously disorganized, and substantial disagreement exists about whether they can or ought to be integrated (9, 108, 142). The proliferation of information and referral systems is but a symptom of the fact that the system is not, in the urban planner's sense, "legible." There are not landmarks to orient one's self; there is not a sense of order to bear in mind. Disorientation undermines those trying to give service as well as those who seek it. "Provider agency staff problems such as indifference, being hard to reach, being uninformed or misinformed . . . and careless" account for one-third to half of the complaints about services.[75] Queuing and delays may be a barely acknowledged method of rationing services that are not available anyway (199).

A third general problem is that, with professions in conflict and uncertain about a desirable pattern, overlapping fields of service—aging, disability, and mental health appear to be the most powerful—compete for hegemony. Leaders in any field may call for collaboration, as in the case of mental health, but community by community each field stands its ground. Each field calls upon political interest groups. It is difficult to visualize negotiated compromise and sounder organization if no comparable political power presses for such reordering.

Professional objectives.—Finally, the objectives of professional practice are not as clear or consistent as may be supposed. It is widely assumed that family supports ought generally to be encouraged and that community services should be a supplement, not a replacement for them. In the process, proponents argue, admission to institutions is avoided. These assumptions are at least open to qualification.

In the natural history of family development, as we have seen, filial feelings wax and wane. Circumstances (class, sex, age, life stage) influence the capacity for and desirability of filial support. A professional counselor may, for example, try to weaken a filial relationship in order to strengthen marital bonds (122). A family that successfully cares for an aged member may pay a price in disrupted routines and emotional strain, leading professionals to counsel their clients that the responsibility not be borne indefinitely (299). Ethel Shanas has for years pointed out the problem of a daughter or daughter-in-law, herself aged, who breaks down trying to care for her husband and more aged mother (206, 74). It may be sound, though painful, to try to relieve her of responsibility. A "senior visitor" program, devised to reestablish contact between the elderly and children from whom they are estranged, fails to do that (22). One recalls that filial relationships are arrived at over a lifetime; an agency effort, however well intended, is an incident. Even families that have helped extensively may be reluctant to resume such help when an aged person who has entered a nursing home seeks to return to the family home. Other demands and patterns have intervened, and it is uncertain that community services would alter this situation (54).

All this is to say that families contain drives and relationships that may be in conflict. Powerful energies are invested in filial relationships, whether friendly or at odds. It is overly simple to suppose that all or most families will move in one desired direction when community services are provided. That is, a family may be helped, but the payoff may be for someone other than the aged individual or indeed other than for his maintenance in the community. Finally, there is evidence that community services in some cases replace rather than add to what families do (43, 295), and no doubt that is sometimes a good thing. This statement qualifies,

[75] Mary L. Zander and Beth S. Moses, **Senior Entitlement Service: The Elderly Poor and the Entitlement System**, Community Service Society of New York, November 1977, page 50.

but does not contradict, the more general observation that "social services tend to complement rather than replace informal community and family associations . . . ."[76]

Agencies ought perhaps to attempt a more sophisticated practice than is entirely general. More investigation is needed about how filial relationships are modified by community supports, and more thought about what is really desirable. A measure of humility in the face of each family's own judgment may be in order. As with living together, available resources ought to be used in the service of families rather than of a stereotype about family patterns. That is largely a problem for professionals and scholars to address.

Public objectives.—What is to be achieved for families and in terms of institutional versus community care must be sorted out. Frailty and dependence in old age are determined by habitual life patterns more than by the medical care or community service available at some moment of impending crisis (136, 205). Because the aged so resist institutions and their families so widely collaborate in this resistance, little margin remains for community services to reduce institutional care. Of those who live to an advanced age, some proportion will require institutional care; no escape from that appears possible. Institutions ought therefore to be improved. Even if that were done, one need have no fear that the aged who have any choice will then besiege them for admission. (To be sure, good institutional care includes ongoing assessment of whether patients need continuing institutionalization or may be returned to their homes and communities.) And community services should be provided because they are required by persons insistent on living in communities and because such services, thoughtfully used, can minimize family strain and contribute to warm and rewarding family relationships.

One qualification should be offered. In the next decades, more of the aged will be older and fewer daughters or daughters-in-law will be at home or willing to give up paid work, with the sacrifice that involves. Such broad patterns may well undermine the capacity of families to care for their aged and bring in new patterns. In a decade or two, family resources for care may not be readily available and, failing widespread organizational arrangements, institutions may present the only choice for many. It is hard to know in advance. Broad provision of community services may be the more conservative policy, offering the best possibility to maintain living arrangements as nearly as possible like now.

Alternatives for providing services.—Several alternatives may be considered to resolve these issues about institutional and community care. The needs of the functionally dependent may be addressed directly. Medicare payment has been proposed for long-term care provided either in the home or as an adjunct to maintaining a dependent elderly individual within the community. The services involved would be expensive and broadly defined, so a functional assessment of the individual would provide the "gateway" to eligibility (150, 307). In another version of this proposal the gateway is a universally available "free-standing case assessment and case management" service. (For phasing in, it might be limited to those over 75 years of age (63).) Periodic assessment would be necessary since functional dependency is not static. Pressure would quickly develop to use such assessment services for prevention. It may therefore be as well to think of these services as universally available from the outset.

Such proposals do not so much address as ignore or attempt to override the kinds of interest-group and organizational problems outlined above. Health and social services would be incorporated in one assessment agency. The agency, as the authorizer of Medicare payments, would have executive authority for relevant services. Such a situation implies medical control over social services. It is a costly administrative approach; it would certainly produce a struggle between interest groups; and the outcome is uncertain in terms of community delivery. Such a program would provide a powerful reason for the elderly to want to be defined as functionally dependent. In fields such as veterans' disability benefits and SSI for the mentally ill, concern has been expressed that benefits contingent on illness may prolong illness (157). Half the aged at home speak of "serious

[76] Ethel Shanas, Peter Townsend, Dorothy Wedderburn, Henning Friis, Paul Milhoj, and Jan Stehouwer, **Old People in Three Industrial Societies**, Atherton Press, New York, 1968, page 433.

or somewhat serious" health problems but only a small minority of them are now defined as functionally dependent.

Not so different as they may seem are proposals that families should be the site of care and the managers of care for the aged. Organizations intrinsically tend to treat "people as commodities rather than as human beings."[77] Families therefore will have to mediate between the aged and the bureaucracies. Indeed, one proposal is to offer incentives (cash, tax relief, low-cost loans, specified social services without charge) to families in exchange for a contract to care for an aged person. A major proponent of this approach, entirely scrupulous, reports "that the provision of incentives does not make a difference in willingness . . . to provide creative environments for elderly members—they will provide in any case . . . ."[78] Nevertheless, the incentive payments would provide resources for family efforts.

This proposal, like the one before, also must face the problem that an assessment or gatekeeping procedure must be created, unless the government is to pay for 80 percent of the home care now being provided free by families. Family-by-family contracts of limited duration would be negotiated under the proposal and presumably monitored. Proponents of this approach would find that they have created a bureaucratic golem (an artificial monster dreamt of only in myth). There is a deeper, but perhaps only semantic, problem with this approach. Payments to or for persons who have special need is a basic and traditional idea in social security. A new question would be raised by the language of contracts and incentives, if they are central to the proposal. Mutual support within the family may constitute the deepest well of altruism in the Nation. The rhetoric of incentives, broadly applied over a period of time, might in the long run subvert filial attachments and responsibility. Why would one help a parent for nothing if it seemed that everyone else was being paid? If, in fact, Congress says one should be paid?

[77]Marvin B. Sussman, "The Family Life of Old People," in Ethel Shanas and Robert Binstock (editors), **Handbook of Aging and the Social Sciences**, Van Nostrand Rheinhold Company, New York, 1977, chapter 9.

[78]Marvin B. Sussman, **Incentives and Family Environments for the Elderly** (Final Report to the Administration on Aging), February 12, 1977, page 238.

Proposals to pay for home care through Medicare or through contracts with families deal in somewhat different ways with the issues of cost and provision of care through a single mechanism. As a program that is relatively expensive per beneficiary is visualized, rationing must be dealt with simultaneously and rigorously. It may be more workable to treat the cost and the provision of care as separate issues.

Many countries have met the cost of home care through a so-called constant-attendance allowance, especially since World War II (246). These allowances are made for persons who require care in the home. The allowances were developed initially out of disability programs and have been looked at with new interest recently (141) for the same reasons now operating in the United States—anxiety about the cost of institutional care concurrent with a movement of women into the labor market. Some payments are made automatically at retirement age to those who have been receiving disability benefits. Other payments are based on proven medical need—a more limited assessment and negotiation than is implied in the proposals just discussed. Payment is made whether home help is purchased or provided by the family or not provided at all—the choice belongs to the beneficiary.

Although an attendance allowance is not available in the United States as a social security benefit, the Veterans Administration provides a benefit to aged veterans with less than specified income who need regular aid and attendance. Allowances in 1978 were $165 a month for a veteran and $79 a month for a surviving spouse. In little more than a decade, more than half the aged men in the United States will be veterans (201). A universal attendance allowance, not related to veteran status, would in effect complete coverage for men and extend it to all women.

It has been suggested that the United States provide an attendance allowance to all at age 75 without a demonstration of special need (131). A plausible argument can be made for reworking benefit levels to pay less at age 65 and more at age 75 and 85 (10). With advancing age, needs—especially perhaps for home help—increase and resources are depleted. Benefit levels may reasonably, if roughly, be adjusted. An attendance allowance handled in this manner would simply fold into a benefit formula. The government would deal with the cost issues as

an income strategy—a strategy that it administers with relative efficiency and simplicity.

The existence of these additional funds would provide the elderly individual with more bargaining power within the family. Some families presumably would absorb the money from an attendance allowance and care for the aged person themselves without seeking other help. Others would turn to providers for assistance. The government is not relieved from thinking through how response might be organized.

One set of proposals suggests revising Medicaid and Medicare provisions to assure better quality institutional care. In particular, it has been proposed to broaden the Medicare program so that it pays for homemaker and chore service without prior hospitalization (165). The cost of each of these proposals has been estimated in the tens of millions of dollars each. If such assistance were broadly available, presumably it would be more costly (63). Implicit in such proposals is a choice to define health care more broadly than medical care, making Medicaid and Medicare vehicles for general expansion of community services.

The implicit issue becomes more visible if it is understood that the alternatives are to increase the funding and scope of services under the Older Americans Act and Title XX of the Social Security Act, both nonmedical and, respectively, representing the interests of the aged and the general social services. Providing social services either as part of its administrative process or through direct Federal funding (that is, not through State agencies) is one possibility that the Social Security Administration has examined. With the incorporation into the social security program of the SSI and AFDC programs, each presenting severe problems of connecting to community services, this question may take on new significance for the agency.

National policies for the broad provision of home-health and community services need to be considered in relation to one another. As most social services are available to all age groups, it is difficult to arrive at a coherent conclusion by singling out the aged. Congress has asked the Department of Health and Human Services to suggest broad policies and recommend legislative changes, a difficult task. The alternatives (random increments in provision as opportunity presents itself, or no provision) may, however, exacerbate the already severe problems.

One other approach, although outside the realm of the social security program, must be noted. It is argued that current rigid residential alternatives—that is, the choice between independent living in the community or dependency through institutionalization must be modified and a variety of arrangements made available to the elderly. They would incorporate social services, provide for movement between a range of dwellings (that is, independent apartment, apartment with dining and other household services provided, and room with nursing care), and not require separation from familiar persons and surroundings at moments of crisis. It is readily perceived that part of the current problem is that in moving from home to hospital, back again, to nursing home, to hospital, and back again, services are disrupted at each point and need to be reestablished. Families themselves have to establish new modes of keeping in touch and helping. The aged parent, vulnerable to disorientation, loses his capacity to command these processes. The suggested residential arrangements are intended to avoid disorientation and facilitate resumption of independent patterns where health permits.

A number of such developments are under way (48). It has been suggested that the sites of abandoned or underused State hospitals be converted into new towns of this type (51). Existing legislation—housing assistance, community development, SSI, title XX, and the Older Americans Act—could be called upon to finance such a pattern. The broad implication, however, is that national discussions of incentives for institutional care and the need for community supports are distorted by the rigid residential alternatives now available. Altering the current patterns in the magnitude suggested would, whatever the legislation, require a broad departure from existing national policy.

Services and congregate care; in closing.—Much has been said about the need to reestablish failing family relationships. The real situation is otherwise: Family support thrives and, in particular, keeps the aged out of institutions despite provider incentives. For reasons having little to do with family or filial responsibility the aged population needs and in-

creasingly will need community services. There are no simple solutions. Infusion of more money, while it may lead to some expansion, will certainly compound a chaotic system of service delivery. The attentive reader will have detected an inclination here to favor an attendance allowance or benefits graduated by age in the social security program and the residential developments described above. These changes, while useful, would not in themselves resolve conflicts between professional or interest groups. Public, executive department, or congressional determination is required for such a resolution. In an HHS report responsive to Congress, at a White House Conference on Aging, or elsewhere, a clear choice among competing alternatives is essential.

CHAPTER IV

THE SOCIAL CONTRACT

The independence of family patterns from public policy is more impressive than the connections. While the demise of filial relations and responsibility has regularly been reported and their survival regularly rediscovered, parents and children have conducted their affairs with each other without attention to either kind of news. Presumably parents and children, since they are most of the population, share the public view of public trends but without mixing all that in their personal living arrangements. Family life flows on, untroubled by scholars and columnists.

On the other hand, the social contract between citizens and government may be changing. The social contract is an understanding about the way each party conducts itself, including honest reporting and the responsibility to deliver legal benefits. Without a general understanding, adhered to by most citizens and officials, no amount of enforcement is adequate to produce reasonable government functioning.

Citizens have always manipulated their property and affairs for maximum personal benefit. Records from colonial times indicate that inheritance was not solely a matter of sentiment or law. Advantage and disadvantage were weighed with respect to family members, business associates, and competitors. As government programming has grown in the past 40 years, however, government has become the main player across the table. And government is faceless—with respect to individuals—not pained if it loses, not aggrieved if one gets the better of it.

One has difficulty determining whether manipulation and fraud have increased over the years in relation to the stakes. Perhaps not. Because of the magnitude of transfer programs, citizens now are extensively involved, and the issue of the social contract commands attention.

The social contract is bilateral, and its difficulties are reciprocal. If concern for citizen manipulation or fraud exists on one side, on the other, citizens suspect that the government withholds or delays benefits to which they are entitled. Among the ways in which the government may react is an increase in auditing and enforcement activities. Concurrent developments may, however, be making the problem worse, even as the government attempts to regulate it.

The very number of loosely related programs presents one set of problems, affecting the citizen's or older person's view of the social contract. As benefits in one program may be contingent on entitlement to another, more is at stake in becoming and remaining entitled. Further, the logic of program relationships resists understanding and so invites evasion. One perceives accurately that those who are program-wise can attain benefits that others cannot, a situation inviting emulation. In another broad development, the scope of income-tested programs has grown relative to entitlement programs. Yet it is in this very area that acute problems of interrelationship occur—one program providing entitlement to another; one payment level required to respond to another; inexplicably different definitions of income, assets, household.

Such developments are mutually reinforcing and lead to problems. The revolutionary significance of government programs to old people, combined with difficulty in understanding their broad outlines, uncertainty about ultimate entitlement, complexity, delay, and income-testing lead to a grasping attitude on one side of the desk and withholding on the other. Hostility evidences itself on one side with a sense of grievance, if not belligerence, and a determination to get benefits, no matter how. On the government side, hostility is manifested through boredom, callousness, and evident alienation from

work. Possibly the aged lag behind other groups in such a development. At any given moment they tend to require less for themselves than younger age groups (191, 89). But younger people age, and the attitudes of the aged catch up. It is evident in reports on participation rates (295, 64) and difficulty in getting service that the aged share these problems of younger groups.

The significance to the aged person of clear, broad policy is deep, if perhaps difficult to trace. The fact that retirement is now relatively abrupt, in a manner demonstrably produced by the nature of our society, has been discussed. Loss of power over others and over the conduct of one's life is one of its most distressing accompaniments. If such abrupt losses are to be moderated, as individuals age they need a firm understanding of what is and is not due them. They need to know their choices. That the outline of government becomes increasingly obscure, while growing in significance, clouds and in some cases destroys opportunities to choose. Thus, policy adds further problems to whatever problems are intrinsic to aging.

The country needs policies that are, in the urban planner's sense, "legible"—broadly understandable on sight. To the extent possible, rights ought to be available (or not) on the simplest grounds—age, employment status, and so forth. It is possible, even in a very complex society, to design such programs and, in a very complex society, it is vital. These issues require extended treatment, possibly elsewhere than in a technical document. And they need to be debated. The ailments of the social contract cannot be assessed like stress in a bridge. It is not as if it is known when a break may come. And stress in the body politic has consequences even without a break.

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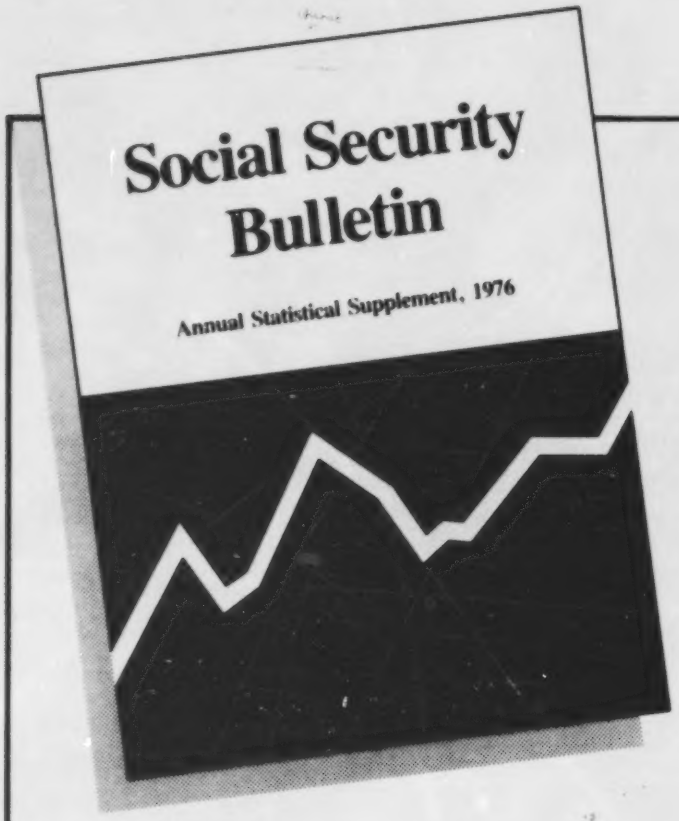

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